



BOARD OF COUNTY COMMISSIONERS
WATER AND WASTEWATER SERVICES (WWS)
CUSTOMER SERVICE CENTER
2555 WEST COPANS ROAD, BLDG. 1
POMPANO BEACH, FL 33069
(954) 831-3250 • water@broward.org

RESIDENTIAL/COMMERCIAL RECLAIMED WATER APPLICATION

APPLICANT ACKNOWLEDGES THAT BROWARD COUNTY WILL PROVIDE RECLAIMED WATER TO BE USED FOR IRRIGATION PURPOSES SUBJECT TO THE FOLLOWING CONDITIONS:

USE:

Reclaimed water may be used for cooling towers and irrigation only. Applicant is prohibited from installing or attaching hose bibs or cross-connections with any other water source, unless approved by Broward County.

Reclaimed water may not be used for filling swimming pools, wading pools, hot tubs or any other body of water where immersion may occur.

Use of irrigation wells on the property is strictly prohibited.

Low trajectory nozzles or other means of minimizing aerosol formation are required within 100 feet of outdoor public eating, drinking and bathing facilities.

CONNECTIVITY:

The property's potable water supply must be protected by an approved backflow prevention device pursuant to the Broward County Cross-Connection Ordinance, Chapter 34, Article IX.

All new piping, pipelines, valves and outlets shall be color-coded Pantone Purple 522C to clearly show the difference between the reclaimed water service line from the potable water service.

Inter-connections to neighboring systems are strictly prohibited.

Reclaimed water will be provided at a low pressure; any re-pumping to have sufficient pressure & flows to operate irrigation systems will be the responsibility of the applicant.

POOLING & COLLECTING:

The irrigation system must be in good working condition and adjusted properly to minimize spray onto roads, common sidewalks, gutters, neighboring properties, or impervious surfaces that allow run-off.

The hydraulic loading rate shall not produce ponding of the applied reclaimed water.

Reclaimed water cannot be discharged into storm water systems, including dry retention ponds.

RESIDENTIAL/COMMERCIAL RECLAIMED WATER APPLICATION (continued)

ENFORCEMENT:

Applicant agrees that, for Broward County to inspect reclaim water irrigation systems, or to monitor the quality of the potable water system, the County shall have the right to enter the premises of the reclaimed water applicant, without further notice or consent, for periodic inspections and/or testing to ensure compliance with stated requirements.

The applicant must repair, remove, or replace the *applicant's private* system at Broward County's direction, if, during a periodic inspection, Broward County determines the private system is not in compliance with applicable city, county, state and federal rules and regulations.

Use of the reclaimed water shall be in strict compliance with all applicable laws and regulations of Broward County's ordinance. The County may discontinue service, temporarily or permanently, for any infraction, violation of law or regulation in the installation, operation and maintenance of the reclaimed water irrigation system, or for the convenience of the County.

No person may operate valves or other County-owned and operated appurtenances or connect to the reclaimed water transmission/distribution system without written approval/permission of the Water and Wastewater Services Director and/or designee. It is strictly prohibited for anyone to tamper with, alter or damage the reclaimed system in any way.

Signage shall be posted indicating the use of reclaimed water at the property (*entrances, access points*). Each sign shall state the following: "This property is irrigated with reclaimed water". Each sign shall also include the following text in English and Spanish: "Do Not Drink" along with the equivalent international symbol.

Broward County assumes no liability for any damage caused by or resulting from customer use of the reclaimed water. Broward County also makes no guarantee of the continued delivery of reclaimed water.



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ATTACHED:
 ① PHOTO ID (S)
 ② SUPP DOCS
 By _____
 Date _____

RESIDENTIAL/COMMERCIAL RECLAIMED WATER APPLICATION

(1A) RESIDENTIAL APPLICANT INFORMATION		PERMIT NUMBER _____	
TYPE OF RESIDENCE: House Apartment Mobile Home Condo Other _____			
APPLICANT'S NAME: _____			
REPRESENTATIVE'S NAME (if applicable): _____			
(1B) COMMERCIAL APPLICANT INFORMATION			
PROPERTY TYPE: Apartment Business Condo Other _____			
BUSINESS NAME: _____			
BUSINESS OWNER NAME: _____		BUSINESS CONTACT NAME: _____	
PHOTO ID: APPLICANT: _____ (_____) _____			
TYPE		STATE	NUMBER
REP. (if applicable): _____ (_____) _____			
TYPE		STATE	NUMBER
PROPERTY ADDRESS: _____			
STREET		CITY	STATE ZIP + 4
MAILING ADDRESS: _____			
SAME AS ABOVE STREET		CITY	STATE ZIP + 4
PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____			
E-MAIL ADDRESS: _____		ENROLL IN E- STATEMENTS YES NO	
(2) PROPERTY OWNER INFORMATION		PROPERTY OWNERSHIP DOCUMENT ATTACHED	
PROPERTY OWNER: _____			
PROPERTY ADDRESS: _____			
STREET		CITY	STATE ZIP + 4
MAILING ADDRESS: _____			
STREET		CITY	STATE ZIP + 4
PHONE: HOME: (_____) _____ WORK: (_____) _____ MOBILE: (_____) _____			
E-MAIL ADDRESS: _____			
DATE OF PURCHASE: _____		FOLIO NO: _____ SUB-DIVISION: _____	
MONTH / DAY / YEAR			
(3) LEASE AGREEMENT (TENANT) INFORMATION		LEASE AGREEMENT/OWNER LETTER ATTACHED	
DATE LEASE STARTS: _____ DATE LEASE ENDS: _____ LENGTH: _____			
MONTH / DAY / YEAR		MONTH / DAY / YEAR	
<p><small>APPLICANT AGREEMENT: I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL CHARGES AT THE NOTED PROPERTY. I AGREE TO PAY FOR SERVICES PROMPTLY AT THE RATES ESTABLISHED BY BROWARD COUNTY. I AGREE TO ABIDE BY CHAPTER 62-610, FLORIDA ADMINISTRATIVE CODE AND FUTURE RECLAIMED WATER REGULATIONS ESTABLISHED BY THE BOARD OF COUNTY COMMISSIONERS OR STATE/FEDERAL REGULATIONS.</small></p> <p><small>APPLICANT UNDERSTANDS THAT THE ACCOUNT SECURITY DEPOSIT COLLECTED TO OPEN A NEW ACCOUNT WILL BE REFUNDED ONLY TO THE APPLICANT NAMED ABOVE AND ONLY AFTER THE ACCOUNT IS CLOSED AND ALL ACCOUNT CHARGES HAVE BEEN SATISFIED.</small></p>			
X _____		DATE _____	
APPLICANT SIGNATURE		DATE	
FOR INTERNAL USE ONLY:			
_____	_____	_____	\$ _____
CUSTOMER NO.	UAZ	PREMISE NO.	SECURITY DEPOSIT CS REP