



For agency use only:

COE _____

Date Received: _____

REGULATION 84 USER APPLICATION AND SITE MANAGEMENT PLAN (UASMP)
Landscape Irrigation

Use this application for:

Restricted and Unrestricted Access Landscape Irrigation as defined in 84.5(46) and 84.5(56) and Resident-Controlled Landscape Irrigation as defined in 84.5(44).

Please print or type.

All items must be completed accurately and in their entirety for the User Application and Site Management Plan (UASMP) to be deemed complete. Incomplete UASMPs will not be processed until all information is received which will ultimately delay the issuance of a User Authorization. If more space is required to answer any question, attach additional pages to the application form. If you have any questions about filling out this application, contact your Treater.

The Division will review submitted forms for completeness. The Division's acceptance of this form is not an approval or confirmation that the content of the form is in compliance with the requirements of Regulation 84, the Treater's Authorization, or the User's Authorization. It remains the User and Treater's responsibilities to ensure that the UASMP requirements are met at the time of submission to the Division and maintained in compliance with all regulatory and User and Treater Authorization requirements. The Division may conduct a compliance review of the UASMP and/or the use site at any time. If upon review during inspection, the terms in the User Authorization and UASMP are not in compliance with Regulation 84, or the site does not match the descriptions, maps and other documentation submitted with the UASMP, a compliance advisory or notice of violation may be issued to the Treater and/or User.

Instructions for completing and submitting application:

Part I of the application is to be filled out by the User as defined in 84.5(57) the person/entity who uses reclaimed water.

Part II of the application is to be filled out by the Treater as defined in 84.5(54), the person/entity who treats and provides reclaimed water to User.

Part I of the application must be filled out by the User and submitted to the Treater identified in Part II of this document. Upon review and approval of Part I by the Treater, the Treater will fill out Part II of this document and submit the completed application to the Division. Note that, in some cases, the Treater and the User may be the same entity.

The completed and signed documents must be uploaded via the division's website.

Upload signed application using the instructions on the Reclaimed Water Website:

<https://cdphe.colorado.gov/water-quality-reclaimed-water-reuse-permits>

REGULATION 84 USER APPLICATION AND SITE MANAGEMENT PLAN (UASMP)**Landscape Irrigation****PART I - TO BE COMPLETED BY THE USER****TREATER AUTHORIZATION NUMBER: COE** _____

(this number ends in three zeros, contact Treater for assistance)

Reason for Application (required):☐ **NEW USER AUTHORIZATION**☐ **RENEW/MODIFY EXISTING USER AUTHORIZATION****EXISTING USER AUTHORIZATION # COE** _____**A. CONTACT AND FACILITY INFORMATION****1. User Information as defined in 84.9(A)(1) (required)****Formal User Organization Name:** _____**Legally Responsible Individual as defined in 84.5(27)** - the person authorized to sign and certify the application. This person receives all permit correspondences and is legally responsible for ensuring compliance with the authorization.**Name of Individual:** _____**Title:** _____**Telephone:** _____ **Email:** _____**Mailing Address:** _____**City:** _____ **State:** _____ **Zip:** _____**2. Certified Operator per Regulation 5 CCR 0003-2 (ONLY required if treatment and supply of reclaimed water is from a localized system.)**☐ Same as Legally Responsible Individual ☐ Not Applicable**Name of Individual:** _____**Title:** _____**Organization:** _____**Operator Certification No.:** _____ **Operator ID No.:** _____**Telephone:** _____ **Email:** _____**Mailing Address:** _____**City:** _____ **State:** _____ **Zip:** _____**3. Site contact (required)**☐ Same as User☐ Same as Certified Operator☐ Same as Legally Responsible Person**Name of Individual:** _____**Title:** _____

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Telephone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Other contacts (optional)

Name of Individual: _____

Title: _____

Organization: _____

Operator Certification No.: _____ Operator ID No.: _____

Telephone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- ☐ Environmental Contact ☐ Other _____
- ☐ Facility Inspection Contact
- ☐ Consultant
- ☐ Compliance Contact
- ☐ Property Owner

5. Facility or project use Site Information (required) - 84.9(A)(2)

Facility name, including the business operating name if applicable:

Facility or Project Use Site Latitude/Longitude

List the latitude and longitude of the approximate facility center of the site. Provide coordinates in decimal degrees to 6 decimal places (e.g., 39.703342°, -104.933561°)

Latitude: _____. _____ Longitude: - _____. _____

Site common name (if any): _____

Address: _____

City: _____ County: _____ Zip: _____

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B. SPECIFIC CONDITIONS FOR INTENDED USE

Type of reclaimed water to be used (choose one):

Centralized Reclaimed Water Treatment Systems

☐ Category 1 ☐ Category 2 ☐ Category 3 ☐ Category 3 Plus

Or,

Localized Reclaimed Water Treatment Systems

☐ Category 1 ☐ Category 2 ☐ Category 3

C. IMPLEMENTATION REQUIREMENTS FOR ALL AUTHORIZED RECLAIMED WATER USES - 84.10(A)

In this section of the application, describe how the User will comply with these Implementation Requirements at the Site/facility specified in this UASMP. Descriptions will be used during inspections from Treater and the Division to ensure Users are practicing these measures as described in this UASMP.

1. Compliance with 84.9(A)(4)(a), (b), (d)

Describe how reclaimed water will be used, the potential for public contact during the use of reclaimed water and list all of the water sources at the reclaimed water use Site.

2. Compliance with 84.10(A)(1)

Describe how supplementing reclaimed water with potable and other non-potable water sources will be in compliance with the requirements in the Treater's cross connection control program in accordance with sections 84.6(F)(12) and 84.6(F)(13).

3. Compliance with 84.10(A)(2)

Describe how water piping, conveyances and appurtenances that deliver reclaimed water will be purple in color, or be installed with a purple identification tape or wrap the entire length of the

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pipng and shall be embossed, or integrally stamped or marked, with the words: “NONPOTABLE RECLAIMED WATER - NOT FOR DRINKING or DO NOT DRINK”.¹

4. Compliance with 84.10(A)(3)

Describe when the User(s) participated in the Treater’s annual education and training program as required in section 84.6(F)(4).

5. Compliance with 84.10(A)(4)

Describe how the Site complies with the signage requirements in 84.10(A)(4) that ensures the public and Users are informed that non-potable water is in use and that it is not for drinking.

6. Compliance with 84.10(A)(5)

Describe how use of reclaimed water will be confined to the authorized use areas, operations or processes, and the precautions taken to ensure reclaimed water will not be sprayed or enter into any area not designated for application such as drinking water facilities and areas where food is being prepared.

¹ The requirements of 84.10(A)(2) shall not apply to existing underground irrigation and other piping and infrastructure that is not visible to the public.

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7. Compliance with 84.10(A)(6)

Describe the process for how leaks in plumbing, fixtures, equipment, sprinkler systems (indoor fire and outdoor), hoses, hose bibs and any other mechanism where reclaimed water is used or transmitted will be repaired immediately. If the leak cannot be repaired immediately, leak repair must be scheduled, and reclaimed water use must be discontinued until repairs can be made. Spills require reporting in accordance with §25-8-601(2) CRS.

8. Compliance with 84.10(A)(7)

Describe how disposal of reclaimed water from any storage, conveyance or other source whereby reclaimed water was used will be done in such a manner that does not create a point source discharge requiring a NPDES or CDPS permit or does not create a spill that would require reporting in accordance with §25-8-601(2) CRS.

9. Affirmation with 84.10(A)(8)

☐ YES: Operation of the reclaimed water onsite distribution or irrigation system, including valves, outlets, couplers, and sprinkler heads, and residential, commercial or industrial facilities and equipment utilizing reclaimed water, will be performed only by personnel authorized by the User and trained in accordance with the Treater's education and training program per section 84.6(F)(4) and the requirements in section 84.10(A) and applicable sections in 84.10(B).

10. Compliance with 84.10(A)(9)

Describe how vehicles and tank trailers used to haul reclaimed water will comply with the requirements in section 84.10(B)(4)(e).

11. Affirmation with 84.10(A)(10)

☐ YES: The User has coordinated with the Treater identified in Part II and has obtained a copy of the Reclaimed Water Control Regulation No. 84. The User has been informed by the Treater of the regulation requirements and has prepared this UASMP in compliance with the Treater's Reuse System Management Plan.

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12. Affirmation with 84.10(A)(11)

☐ YES: User(s) will maintain an accurate UASMP onsite or in an easily accessible location. Describe where the UASMP will be kept.

13. Affirmation with 84.10(A)(12)

☐ YES: User(s) will report violations in accordance with Section 84.11(C).

14. Affirmation with 84.10(A)(13)

☐ YES: User(s) will furnish to the Division, within sixty days, any information which the Division may request to determine whether cause exists for modifying, revoking and reissuing the User Authorization, or to determine compliance with this regulation or the applicable User Authorization.

15. Compliance with 84.10(A)(14)

Will the User own and/or operate an impoundment containing reclaimed water?

☐ YES ☐ No

If yes, describe whether the impoundment will be authorized under a CDPS permit, or receive a seepage waiver based on the seepage rate pursuant to section 61.14(9)(a). Or, if applicable, describe how the User will comply with the Land Application Discharge requirements in 84.10(C) as applicable.

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D. IMPLEMENTATION REQUIREMENTS FOR LANDSCAPE IRRIGATION USES - 84.10(B)(6), 84.10(B)(7) AND 84.10(B)(8)

In this section of the application, describe how the User will implement measures to comply with these Implementation Requirements that specifically pertain to Landscape Irrigation at the site/facility specified in this UASMP. Descriptions will be used during inspections from Treaters and the Division to ensure Users are practicing these measures as described in this UASMP.

1. Compliance with agronomic rate for:

Restricted-Access Landscape Irrigation - 84.10(B)(6)(a)

Unrestricted-Access Landscape Irrigation - 84.10(B)(7)(a)

Resident-Controlled Landscape Irrigation - 84.10(B)(8)(a)

Describe how application rates or other measures shall be employed to minimize ponding or runoff from the area approved for application and use and prevent irrigation in excess of the agronomic rate. Application rates must be controlled to ensure that associated pollutants do not pass through the root zone of the plants to be irrigated (e.g. automated irrigation schedule, rain shutoff devices, application at evapotranspiration rates adjusted for efficiency, daily inspections, or other means).

2. Compliance with windblown spray and human exposure for:

Restricted Access-Landscape Irrigation - 84.10(B)(6)(c)

Unrestricted-Access Landscape Irrigation - 84.10(B)(7)(c)

Resident-Controlled Landscape Irrigation - 84.10(B)(8)(b)

Describe how User(s) will ensure that direct and windblown spray and other means of human exposure from irrigation systems will be confined to the areas designated and approved in the User Authorization.

3. Affirmation with flood and sheet irrigation for:

Restricted-Access Landscape Irrigation - 84.10(B)(6)(b)

Unrestricted-Access Landscape Irrigation - 84.10(B)(7)(b)

☐ YES: Flood and sheet irrigation will be prohibited.

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4. Compliance with signage requirements for:

Restricted-Access Landscape Irrigation - 84.10(B)(6)(d)

Unrestricted-Access Landscape Irrigation - 84.10(B)(7)(d)

Describe how the Site complies with the signage requirements in 84.10(A)(4) that ensures the public and Users are informed that non-potable water is in use and that it is not for drinking.

5. Affirmation with extended piping for:

Unrestricted-Access Landscape Irrigation - 84.10(B)(7)(e)

Resident-Controlled Landscape Irrigation - 84.10(B)(8)(c)

☐ YES: No reclaimed water piping will be extended to or supported from any residential structure and there will be no accessible above ground outlets from the reclaimed water system at any residential structure. At least one exterior hose bib, supplied with potable water, will be labeled and provided at each residential structure.

6. Compliance with 84.10(B)(6)(e) (FOR CATEGORY 1 RECLAIMED WATER ONLY AND RESTRICTED-ACCESS LANDSCAPE IRRIGATION ONLY)

The User will restrict access to landscaped areas by:

☐ Irrigating only during periods approved in the User Authorization so as to strictly minimize public contact with reclaimed water, or

☐ Installing barriers to prevent public access to the Site, as approved in the User Authorization, restricting irrigation times when the barriers are in place, and ceasing irrigation at least one hour prior to the barriers being totally or partially removed.

7. Affirmation with 84.10(B)(8)(d)

☐ YES: Each residence will have at least one sign that indicates that irrigation is from non-potable water and that it is not suitable for drinking.

8. Compliance with 84.10(B)(8)(e)

Will the Treater or a homeowners association or other entity acceptable to the Division assume responsibility for all information requirement in the UASMP and act as the User's legal representative for purposes of certification pursuant to Section 84.14?

☐ Treater ☐ Homeowners association

☐ Other entity (please provide name and type of other entity: _____)

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E. REQUIRED ATTACHMENTS (map requirements may be included on one map)

1. Compliance with 84.9(A)(5)

☐ Attached: A current map and/or diagram (8.5" x 11" or 11" x 17") that indicates all areas where reclaimed water will be used and/or applied.

2. Compliance with 84.9(A)(5)(b)

☐ Attached: A map that indicates the acreage or distance around the perimeter of the Site being irrigated and type of landscape or agriculture being irrigated.

3. Compliance with 84.9(A)(6)

☐ Attached: An analysis that demonstrates that reclaimed water used for irrigation will be applied at or below agronomic rates (guidance to calculate agronomic rate analysis: <https://cdphe.colorado.gov/water-quality-reclaimed-water-reuse-permits>).

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F. REQUIREMENTS SPECIFIC TO LOCALIZED TREATMENT SYSTEMS (ONLY COMPLETE THIS SECTION IF YOU SELECTED LOCALIZED TREATMENT SYSTEM IN PART C OF THIS UASMP) - 84.16

1. Is the Treater responsible for all operations and maintenance of the localized system on the Site, or will the User take responsibility for any responsibility for the operations and maintenance of the treatment system?
 - ☐ The Treater will be sole responsible for all operations and maintenance of the localized system and the Operator contact information in section A.4 of this UASMP is the Treater's operator.
 - ☐ The User is responsible for any or all of the operations and maintenance of the localized system and the Operator contact information in section A .4 of this UASMP is the User's employed Certified Operator that meets the requirements of Regulation 100.
2. If the User is responsible for any or all operations and maintenance of the localized system attach an affidavit by the User attesting to the employment of a Certified Operator or a service contract with a Certified Operator that meets the requirements of Regulation 100 attached? (The User Authorization will not be authorized unless affidavit is attached to this UASMP).
 - ☐ Attached
3. If the User is responsible for any or all operations and maintenance of the localized, attach the Enforceable Legal Agreement defining the roles and responsibilities of the User and Treater. (The User Authorization will not be issued unless the agreement is attached to this UASMP).
 - ☐ Plan is attached ☐ Not Applicable

The plan must include the following:

 - ☐ Included: Whether the User or the Treater is responsible for ensuring that the localized reclaimed water treatment system is operating and meeting the reclaimed water quality standards and log reduction targets, and maintaining monitoring records.
 - ☐ Included: Whether the User or Treater is responsible for ensuring that reclaimed water is redirected to the sanitary sewer system and water supplied is switched to potable water no later than 12 hours after receipt of the results of any water quality test sample that does not meet the water quality requirements of the Authorization or indication of a process malfunction based on continuous monitoring.
4. Are there any contributions from non-domestic sources?
 - ☐ YES ☐ NO

If yes, identify the percentage contributions from each wastewater input to the localized system and the location of the input, and any limitations on contributions from non-domestic sources as necessary to prevent pass through, interference, or impacts on public health or the environment from those sources.

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G. REQUIRED CERTIFICATION SIGNATURES - 84.14

Legally Responsible Individual Signature (*signature from name of individual listed in Part I, A.1. of this UASMP*)

“I certify I have been provided a copy of the Reclaimed Water Control Regulation No. 84 and I agree to comply with the applicable requirements of the regulation, in particular the User requirements and Implementation Requirements described in sections 84.9, 84.10, (and if applicable, 84.16 for localized reclaimed water treatment systems). Furthermore, I agree to allow the Treater or the Division access to the site to determine whether I am in compliance with these regulations, and/or perform monitoring and analysis as may be required in section 84.11.”

“I certify, under penalty of law, that the information I am providing in Part I of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Date

Signature (Legally Responsible Individual*)

Title

Name (printed)

*This part shall be signed, dated, and certified for accuracy by the Legally Responsible Individual. In all cases, it shall be signed as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee

PART II - TO BE COMPLETED AND SIGNED BY TREATER

A. Identification of Treater Authorization (this number ends in three zeros)

Treater Authorization Number: COE__ __ __ __ __

B. Legally Response Individual (*Part II.D below must be signed by the legally responsible individual listed here*)

☐ Same as Legally Responsible Person in Part I

Treater Organization Formal Name: _____

Name of Individual: _____

Title: _____

Telephone: _____ Email: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

C. Facility Information (*facility providing reclaimed water for User in Part I*)

☐ Same as Facility in Part I

Facility Name: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Name of Facility Contact: _____

Title: _____

Telephone: _____ Email: _____

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D. REQUIRED TREATER CERTIFICATION SIGNATURE (Reg 84.14)

“By signing below, I certify that the user identified in Part I of this document has been informed of the regulation requirements and the UASMP is in compliance with the Treater’s Reuse System Management Plan. I am requesting that the Treater’s Application and Authorization be amended to include this user.”

“I certify, under penalty of law, that the information I am providing in Part II of this submittal is true, accurate, and correct. This determination has been made under my direction and supervision in accordance with a system designed to ensure qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.”

Signature (Legally Responsible Individual*)

Title

Name (printed)

*This part shall be signed, dated, and certified for accuracy by the Legally Responsible Individual. In all cases, it shall be signed as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility;
2. In the case of a partnership, by a general partner;
3. In the case of a sole proprietorship, by the proprietor;
4. In the case of a municipal, state, or other public operation, by either a principal executive officer, ranking elected official, or other duly authorized employee