

| For City Use Only |  |  |  |
|-------------------|--|--|--|
| Use Site #        |  |  |  |
| Acct #1           |  |  |  |
| Acct #2           |  |  |  |
| Acct #3           |  |  |  |
| Meter #1          |  |  |  |
| Meter #2          |  |  |  |
| Meter #3          |  |  |  |

For questions or concerns regarding this application, please visit our website at <a href="www.CoronaCA.gov/Utilities"><u>www.CoronaCA.gov/Utilities</u></a> or call (951) 736-2234.

| Assessable I den Information  |                |           |        |  |  |  |
|---|----------------|-----------|--------|--|--|--|
| Accountholder Information   |                |           |        |  |  |  |
| Name:   |                |           |        |  |  |  |
| Please check one:   |                |           |        |  |  |  |
| Owner Tenant  | Contractor     | Developer | Other: |  |  |  |
| Mailing Address:  |                |           |        |  |  |  |
| City:   | State:         |           | Zip:   |  |  |  |
| Accountholder Contact Information   |                |           |        |  |  |  |
| Daytime Phone:  | Office Phone:  |           | Cell:  |  |  |  |
| Fax:  | Email Address: |           |        |  |  |  |
| Property Owner(s) Information   |                |           |        |  |  |  |
| Property Owner(s) Name:   |                |           |        |  |  |  |
| Mailing Address:  |                |           |        |  |  |  |
| City:   | State:         |           | Zip:   |  |  |  |
| Property Owner(s) Contact Information   |                |           |        |  |  |  |
| Daytime Phone:  | Office Phone:  |           | Cell:  |  |  |  |
| Fax:  | Email Address: |           |        |  |  |  |
| Reclaimed Water Site Supervisor (Required) Note: For more information on Reclaimed Water Site Supervisor requirements see page 44 of the Reclaimed Water Rules and Regulations. |                |           |        |  |  |  |
| Name:   |                | Title:    |        |  |  |  |
| Address:  |                |           |        |  |  |  |
| City:   | State:         |           | Zip:   |  |  |  |
| Home Phone:   | Office Phone:  |           | Cell:  |  |  |  |
| Fax:  | Email Address: |           |        |  |  |  |
| 24-Hour Contact Telephone Number (REQUIRED):  |                |           |        |  |  |  |

| <b>Project/Site Information</b>                       | n                            |    |                  |                            |
|---|------------------------------|----|------------------|----------------------------|
| Project/Site Name:                                    |                              |    |                  |                            |
| Project/Site Address:                                 |                              |    |                  |                            |
| Legal description of property:                        |                              |    |                  |                            |
| Type of use (check all that app                       | ly)                          |    |                  |                            |
| Landscape irrigation                                  | ☐ Industrial use             |    | Construction use | Recreational               |
| Commercial use  | Agricultural use             |    | Wildlife habitat | Impoundments               |
| Other (please specify)                                |                              |    |                  |                            |
| Brief description of use(s):                          |                              |    |                  |                            |
| Total irrigated area (square fee                      | et):                         |    |                  |                            |
| Plant material (percentage of t                       | otal project area):          |    |                  |                            |
| % Turf  | % Shrubs                     |    | _% Groundcover   | % Native                   |
| % Other (please specif                                | y):                          |    |                  |                            |
| <b>System Information</b>                             |                              |    |                  |                            |
| Total estin   | nated demand quantity:       |    |                  | Acre-feet per year         |
| Maximum deman   | d at point of connection:    |    |                  | Gallons per minute (total) |
|   | Minimum pressure:            |    |                  | Psi                        |
|   | Hours per day:               |    |                  |                            |
|   | Days per week:               |    |                  |                            |
| Number of Service connections:                        |                              |    |                  |                            |
| Quantity and size of meters red                       | quested:                     |    |                  |                            |
| Please check one:                                     |                              |    |                  |                            |
| New system  |                              |    | Converted system |                            |
| If this is a new system, how are                      | e the pipes to be identified | d: |                  |                            |
| Color-coded   | Stenciled                    |    | Tape wrap        | Other:                     |
| Are there special construction                        | requirements?                |    |                  |                            |
| ☐ Yes   |                              |    | No               |                            |
| If yes, please explain:                               |                              |    |                  |                            |
| Paguagted date to start service                       | •                            |    |                  |                            |
| Requested date to start service  Duration of service: | •                            |    |                  |                            |
| Permanent   | ☐ Temporary                  |    | Interim          | ☐ Construction             |

City of Corona Utilities Department Application for Reclaimed Water Service

| Please provide any additional information on special conditions affecting potential reclaimed water service:   |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| Please include a drawing of the project area on one 8 ½ show:  | x 11" sheet of paper; the drawing should include and |  |  |  |
| <ul> <li>Location and vicinity map</li> <li>Demarcation of the reclaimed water use areas</li> <li>Specific potable water use areas</li> <li>Specific reclaimed water use areas</li> <li>Location of service connections</li> <li>Size of service connections</li> <li>Main line locations</li> <li>Gate valve locations</li> </ul> |  |  |  |  |
| Disclaimer and Signature   |  |  |  |  |
| This is only an application for reclaimed water service. Acceptance of this application by the City is not an obligation to serve reclaimed water. The City will review the application and the site where reclaimed water is proposed to be used and determine whether reclaimed water service is appropriate.                    |  |  |  |  |
| Applicant's Name (Please print):   |  |  |  |  |
| Applicant's Signature:   |  |  |  |  |
| Applicant's Title:   | Date:  |  |  |  |
|  |  |  |  |  |

Please send completed application to:

City of Corona Utilities Department ATTN: Reclaimed Water Service/Water Resources 755 Public Safety Way Corona, CA 92878

