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|--|--------|------------|--------|---|---------------|--|
| <b>RECLAIMED WATER<br/>SERVICE/IRRIGATION INSPECTION<br/>REQUEST</b>           |        |            |        | <b>City of Melbourne</b><br>Water Reclamation  |               |  |
| <b>Project Name</b>  |        |            |        | <b>City Project No.</b>   |               |  |
| <b>Physical Address</b>  |        |            |        |   | DATE RECEIVED |  |
| <b>Test Location</b>   |        |            |        |   |               |  |
| <b>Contractor</b>  |        |            |        |   |               |  |
| <b>Contact Person</b>  |        |            |        |   |               |  |
| <b>Address</b>   |        |            |        |   |               |  |
| <b>City, State, Zip</b>  |        |            |        |   |               |  |
| <b>Phone</b>   | (    ) | <b>Fax</b> | (    ) |   |               |  |
| <b>CONTRACTOR: Complete the information above and fax it to (321) 608-5135</b> |        |            |        |   |               |  |

Upon receipt of request, City staff will contact requestor to schedule inspection. Inspection will be conducted within 48 hours of receipt of request form (excluding weekends and holidays)

Prior to the reclaimed water meter being unlocked, a final irrigation system inspection will be conducted by City Staff. The final irrigation inspection shall be scheduled at least **48 hours** in advance of the need for reclaimed water. Owner/Developer must have irrigation contractor on site during inspection. Inspection will include the following:

- Check for cross-connections made between potable water and reclaimed water.
- Check for approved backflow device(s).
- Check for properly color coded or tagged outlets, valves and meter boxes, and piping.
- Check for proper set back distances as defined in F.A.C. 62-610 Part III.
- Check for proper advisory signage.
- Check for reclaimed water entering a dwelling.
- Check for illegal use of hose bibs.
- Check irrigation system for ponding, excessive overspray or runoff.

|   |                            |                                   |
|---|----------------------------|-----------------------------------|
| <b>FOR CITY USE ONLY</b>  |                            |                                   |
| <b>TEST #</b> _____   | <b>DATE OF TEST:</b> _____ | <b>TIME:</b> _____ <b>AM / PM</b> |
| <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b><br><b>If failure Reinspection Date:</b> _____<br><b>Time:</b> _____ |                            |                                   |
| <b>TESTED BY:</b> _____   |                            |                                   |