



RECLAIMED WATER
APPLICATION FOR A VARIANCE/PERMIT
P.O. Box 511, El Paso, TX 79961-0001

Date: _____

Fee Paid: \$ _____

EPWU Reclaimed Water Account Number(s): _____

Name of Applicant (USER): _____

Address: _____

Relationship to the Site (Legal Owner, Tenant, Lessee, etc.): _____

Billing Name (if different from above): _____

Mailing Address: _____

Contact Person: _____ Phone No.: (____) _____

Authorized Signature/Title: _____

Please answer the following questions. Use additional sheets if necessary.

1. Description of property where variance is requested (i.e., residential landscape/light traffic, school sports field/heavy traffic, car wash, etc.): _____

2. Describe in detail the reason for the variance request and state whether granting this variance may impact the health, safety or welfare of the general public (i.e., create ponding, overspray drinking water fountains, swimming pools or sidewalks, cause runoff onto the street, etc.): _____

3. Is this variance related to an irrigation use? _____ If NO, please go to question #4.
a. What is the square footage of irrigated property (application area)? Attach a diagram if available.
b. Describe the historical and current rate of usage for the property. Provide the monthly irrigation in gallons and/or precipitation equivalents for the preceding 12-months.
c. Describe any recent and planned improvements to the site (i.e., incorporate winter grass, salt resistant plants, different type of irrigation system, etc.)

d. Describe the irrigation system: _____

Number of Stations: _____ Number of controllers: _____
 Precipitation rate per station: _____ Duration of irrigation times/per station: _____
 Starting time per station: _____ Working pressure of the system: _____ psi
 No. of sprinkler heads/station: _____ If drip system, emitters discharge rate: _____
 No. of pressure regulators: _____ Do sprinkler heads have drain check valves? _____
 Type of soil/station: _____
 Root zone/station, in inches: _____
 Soil salinity content: _____ Date of soil analysis, if any: _____
 Soil analysis performed by: _____
 Salinity mitigation recommendation, if any: _____

e. Attach a copy of your landscape and irrigation plan, stamped by a Licensed Irrigator, showing stations, sprinkler heads, and where check valves are located.

f. City of El Paso Building Permit Number, if any: _____
 Any modifications to the plumbing system, including irrigation system, will require a Building Permit.

4. Indicate the proposed water use schedule:

Day	a.m. p.m.	WARM MONTHS (_____ to _____)			WINTER MONTHS (_____ to _____)		
		From (time)	To (time)	Approximate Volume, gal	From (time)	To (time)	Approximate Volume, gal
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Approval of this Variance/Permit Application does not consent USER to allow runoff onto streets, spraying onto sidewalks, ponding on site, and non-compliance with 30 TAC §210 or Public Service Board Rules and Regulations No. 12

For Internal Use Only

Date Received _____ Review Board Committee _____
 VARIANCE APPROVED _____ DENIED _____ DATE _____