

NON-POTABLE WATER ORDINANCE ALLOCATION REVISION FORM



Projects subject to the Non-potable Water Ordinance Excess Use Charge Program seeking consideration of a revision to their potable makeup allocation must provide all information requested below. Incomplete requests will not be evaluated. Requests may be subject to a site visit by SFPUC staff to verify the claim. Requests may also be subject to an in-person meeting with SFPUC.

Customer Information			
Customer Name:		Phone Number:	
Property Address:		Alternate Phone Number:	
SFPUC Account Number:		Email Address:	

Onsite Water Reuse System Information	
Alternate Water Sources:	<input type="checkbox"/> Graywater <input type="checkbox"/> Blackwater <input type="checkbox"/> Foundation Drainage <input type="checkbox"/> Rainwater <input type="checkbox"/> Stormwater <input type="checkbox"/> AC Condensate <input type="checkbox"/> Other
Non-Potable End Uses:	<input type="checkbox"/> Toilet and Urinal Flushing <input type="checkbox"/> Irrigation <input type="checkbox"/> Clothes Washing <input type="checkbox"/> Drain Trap Priming <input type="checkbox"/> Other

Reason for Revision Request
<p>A project may request an allocation revision if the project’s current Potable Make-up Allocation is not representative of the project’s metered alternate water supplies and/or non-potable demands. Please select a reason from the options below for which you are requesting a revision of your project’s allocation under the NPO Excess Use Charge Program. Please also fill out Table 1 below.</p> <p>If requesting a revised allocation, you must acknowledge the following certification:</p> <p><input type="checkbox"/> <i>By checking this box, I certify that the onsite reuse system referenced above has been operating according to the approved Operations & Maintenance Manual and to the best of its ability has been in compliance with the Non-Potable Ordinance.</i></p> <p>If requesting a revised allocation, select one of the following justifications:</p> <p><input type="checkbox"/> <i>a. Insufficient alternate water supplies</i> <input type="checkbox"/> <i>b. Larger than anticipated or increased non-potable demands</i> <input type="checkbox"/> <i>c. Both conditions</i></p> <p>Revised allocations may be Temporary or Long-term, depending on the amount of data provided to support the request. How much data are available to support this request? Check one of the following:</p> <p><input type="checkbox"/> <i>Less than six months – revision, if approved, will be <u>Temporary</u></i> <input type="checkbox"/> <i>Greater than or equal to six months – revision, if approved, will be <u>Long-term</u></i></p>

Explanation of Request

Please provide a detailed explanation to support your request for an allocation revision as marked above. Please provide additional documentation and calculations that directly support your claim. If requesting a Long-term revised allocation, you must fill out Table 1 below. You must also describe here the basis for the proposed Long-term revised allocation presented in Table 1.

Please return this form and all required documentation to the address below:

SFPUC Water Resources Division, 525 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102, or email to:
nonpotable@sfgwater.org

For SFPUC Use Only

Date received: _____

Approved? ___ Yes ___ No

Type of revision granted:

- Temporary revision; applies for dates _____ to _____
- Long-term revision; applies starting on _____

If approved with modifications, please explain:

If rejected, please explain:

Staff Initials/Date: _____

