



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

Date: _____

Fee Paid: \$ _____

El Paso Water 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 _____