

**DESERT WATER AGENCY**

**SUBMITTAL REQUIREMENTS FOR**  
**LANDSCAPE CALCULATION PLAN CHECK**

**LANDSCAPE PLAN CHECK REQUIREMENTS**

1. Landscape plans (2 sets)
  - a. Water use calculations and variables to be set using the Model Water Efficient Landscape Ordinance from California Code of Regulations Chapter 2.7 (CCR)
  - b. Calculations to be provided using the Water Efficient Landscape Worksheet from Appendix B of CCR (see attached)
  - c. ETo zone to be set established from Coachella Valley Water District ETo Map CVWD Dwg. No. 29523 (see attached)
2. Payment for plan check \$140.00 cash or check

**NEW IRRIGATION WATER METER REQUIREMENTS**

3. Site plot plan
  - a. Proposed size and location of irrigation water meter
  - b. Maximum gallon per minute flow required from water meter
4. Written request for cost estimate
5. Completed application for service (see attached).

# WATER EFFICIENT LANDSCAPE WORKSHEET

This worksheet is filled out by the project applicant and it is a required element of the Landscape Documentation Package.

## Reference Evapotranspiration (ET<sub>o</sub>) \_\_\_\_\_

Hydrozone # /Planting Description <sup>a</sup>	Plant Factor (PF)	Irrigation Method <sup>b</sup>	Irrigation Efficiency (IE) <sup>c</sup>	ETAF (PF/IE)	Landscape Area (sq. ft.)	ETAF x Area	Estimated Total Water Use (ETWU) <sup>e</sup>
<b>Regular Landscape Areas</b>							
				Totals	(A)	(B)	
<b>Special Landscape Areas</b>							
				1			
				1			
				1			
				Totals	(C)	(D)	
						<b>ETWU Total</b>	
						<b>Maximum Allowed Water Allowance (MAWA)<sup>g</sup></b>	

<sup>a</sup>**Hydrozone #/Planting Description**  
 E.g  
 1.) front lawn  
 2.) low water use plantings  
 3.) medium water use planting

<sup>b</sup>**Irrigation Method**  
 overhead spray  
 or drip

<sup>c</sup>**Irrigation Efficiency**  
 0.75 for spray head  
 0.81 for drip

<sup>d</sup>**ETWU (Annual Gallons Required) =**  
 $ET_o \times 0.62 \times ETAF \times Area$   
 where 0.62 is a conversion factor that converts acre-inches per acre per year to gallons per square foot per year.

<sup>e</sup>**MAWA (Annual Gallons Allowed) =**  $(ET_o) (0.62) [(ETAF \times LA) + ((1-ETAF) \times SLA)]$   
 where 0.62 is a conversion factor that converts acre-inches per acre per year to gallons per square foot per year, LA is the total landscape area in square feet, SLA is the total special landscape area in square feet, and ETAF is .55 for residential areas and 0.45 for non-residential areas.

### ETAF Calculations

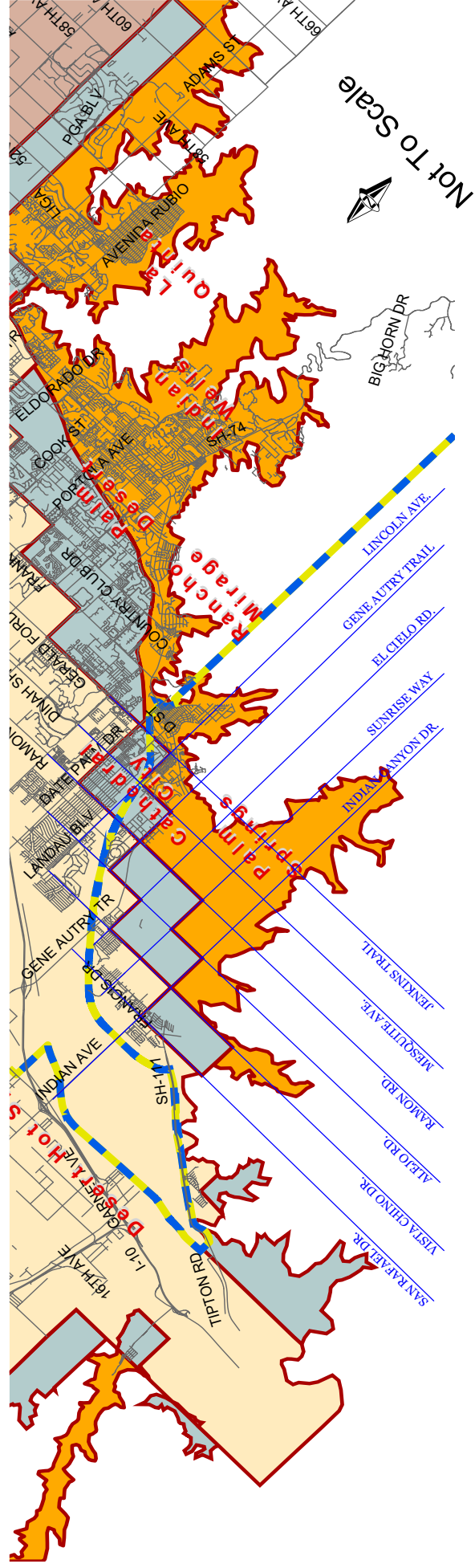
#### Regular Landscape Areas

Total ETAF x Area	(B)
Total Area	(A)
<b>Average ETAF</b>	<b>B ÷ A</b>

**Average ETAF for Regular Landscape Areas must be 0.55 or below for residential areas, and 0.45 or below for non-residential areas.**

#### All Landscape Areas

Total ETAF x Area	(B+D)
Total Area	(A+C)
<b>Sitewide ETAF</b>	<b>(B+D) ÷ (A+C)</b>



### Explanations of ETo Zones Symbology

**Zone #2:** North-facing coves and the open desert or the south-facing cove areas of the north valley. Somewhat sheltered from prevailing winds and with exposure to higher local humidity from irrigated landscapes means low water consumption. North valley coves are mountain shaded, sheltered from prevailing winds and higher elevations, but are south-facing and heat absorbing. Annual water consumption(ETo) = 58"

**Zone #3:** Upper valley open desert border zone, lower valley upper elevation zone or lower valley afternoon mountain shade zones with moderate prevailing winds and blowing sand. Annual water consumption(ETo) = 64"

**Zone #4:** Lower valley open desert agricultural zone with moderate prevailing winds and below sea level elevations. Annual water consumption(ETo) = 76"

**Zone #5:** Upper valley high wind and blowing sand zone. Annual water consumption = 83"

### Legend

- Zone 2
- Zone 3
- Zone 4
- Zone 5
- Center Lines
- Agency Boundary

## APPLICATION FOR NEW SERVICE INSTALLATION (\$30.00 PROCESSING FEE PER ACCOUNT)

SERVICE ADDRESS: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

 PALM SPRINGS  CATHEDRAL CITY LOT # \_\_\_\_\_ TRACT \_\_\_\_\_ APN \_\_\_\_\_

## USE:

## TYPE: (REQUIRED FOR DATA PROCESSING)

 RESIDENTIAL  SINGLE FAMILY  CONDO  MULTI FAMILY # OF UNITS \_\_\_\_\_ APARTMENT  DUPLEX  TRAILER PARK COMMERCIAL  HOTEL  MOTEL  MEDICAL CLINIC  GOLF COURSE RETAIL / MFG (EXCEPT LOW USE)  OTHER \_\_\_\_\_ INSTITUTIONAL  LIBRARY  PARK  FIRE STATION  SCHOOL HOSPITAL  CEMETERY  OTHER \_\_\_\_\_IRRIGATION ONLY  YES  NO

APPLICANT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT HEREBY AGREES TO ABIDE BY ALL OF THE LAWS, RULES, REGULATIONS, ORDINANCES, RESOLUTIONS, POLICIES, AND PROCEDURES OF THE DESERT WATER AGENCY AS THEY NOW EXIST OR MAY BE AMENDED.

APPLICANT FURTHER AGREES THAT THE OWNER OF THE LOT OR DEVELOPMENT SHALL BE RESPONSIBLE TO PAY ALL FEES, TAXES, ASSESSMENTS AND OTHER CHARGES ASSESSED, IMPOSED OR CHARGED BY DESERT WATER AGENCY UPON AND TO SAID LOT OR DEVELOPMENT FOR WATER SUPPLIES AND WATER SERVICE PROVIDED TO SUCH LOT OR DEVELOPMENT BY THE AGENCY, THE FAILURE OF WHICH WILL RENDER SUCH LOT OR DEVELOPMENT SUBJECT TO TERMINATION OF WATER SERVICE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

 WATER: ACCOUNT # \_\_\_\_\_ INVOICE # \_\_\_\_\_ METER SIZE \_\_\_\_\_ CCV SIZE \_\_\_\_\_ZONE RATE:  (\*) BASE  (A)  (B)  (C)  (D) SYSTEM:  X-Palm Springs  Y-Chino  Z-EastStatic Pressure: \_\_\_\_\_  P-Palm Oasis  S-Snow Creek  T-Tram EXISTING SERVICE:

LOCATION \_\_\_\_\_ FT \_\_\_\_\_ OF THE \_\_\_\_\_ ON THE \_\_\_\_\_ SIDE OF \_\_\_\_\_

SERVICE SIZE \_\_\_\_\_ TYPE \_\_\_\_\_ SERVICE # \_\_\_\_\_

 PROPOSED SERVICE: (TO BE STAKED BY APPLICANT) PROPERTY LINE  PROP. FINISH GRADE  SERVICE LOCATION  PROP. SIDEWALK EXISTING CURB  PROP CURB  EXISTING SIDEWALK: WIDTH \_\_\_\_\_

SERVICE SIZE \_\_\_\_\_ TYPE \_\_\_\_\_ SERVICE # \_\_\_\_\_

METER # \_\_\_\_\_ METER READ \_\_\_\_\_ ERT# \_\_\_\_\_ BACKFLOW:  YES  NO SIZE \_\_\_\_\_

DATE SET \_\_\_\_\_ BY: \_\_\_\_\_

 SEWER: LATERAL:  EXISTING  PROPOSED # OF USERS \_\_\_\_\_ GREASE TRAP:  YES  NO

TREATMENT: CVWD EDU's \_\_\_\_\_ PALM SPRINGS UNIT/EDU's \_\_\_\_\_ FU's \_\_\_\_\_

CATHEDRAL CITY  PALM OASIS (P)  DREAM HOMES (D)RATE:  1  2  3  4  5  6  7  8

A PROPOSED SEWER MAIN IS PLANNED FOR THE FUTURE. DEVELOPER IS ADVISED TO PROVIDE AN ONSITE DRY SEWER LATERAL STUBOUT TOO FOR FUTURE CONNECTION ON \_\_\_\_\_ (STREET NAME)

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## NEW SERVICE REQUEST INVESTIGATION AND REPORT FOR BACKFLOW REQUIREMENTS

Under Public Law 99-339, the Safe Drinking Water Act amendments of 1986 and Title 17, Public Health Regulations Relating to Cross-Connection of the California Code of Regulations, Desert Water Agency has the primary responsibility for preventing potential contaminated or polluted water from entering the potable water system.

Consequently, the Desert Water Agency has established a comprehensive cross-connection control program designed to meet that responsibility. As an applicant for water service, you are required to answer the following questions so that Desert Water Agency can determine the backflow protection requirements for your property. Desert Water Agency will conduct an on-site survey upon completion of construction to confirm that our conclusions, based on this questionnaire, were correct.

<b>Will there be any of the following:</b>	<b>YES</b>	<b>NO</b>
1. Irrigation system: A. Fertilizer injection system	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemicals used on the premises: A. Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Separate fire system: A. Sprinklers B. Hose Cabinets C. Hydrants D. Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Re-circulation of used water	<input type="checkbox"/>	<input type="checkbox"/>
5. Boilers on the premises	<input type="checkbox"/>	<input type="checkbox"/>
6. Increase in water pressure on the premises by use of a pump or similar equipment A. Multi-stories on the building	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Water cooling towers for air conditioning A. Chemicals used: Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Sewage Pump (any kind)	<input type="checkbox"/>	<input type="checkbox"/>
9. Special water use equipment: A. Soft drink machines B. Photo equipment C. X-ray equipment D. Other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Solar energy equipment: Please list: _____ A. Chemicals used: Please list: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. Medical facilities or equipment	<input type="checkbox"/>	<input type="checkbox"/>
12. Whitewater or other auxiliary water supply	<input type="checkbox"/>	<input type="checkbox"/>
13. Steam generating equipment	<input type="checkbox"/>	<input type="checkbox"/>
14. Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>
15. More than one water service to the property	<input type="checkbox"/>	<input type="checkbox"/>
16. Industry or processing of any kind	<input type="checkbox"/>	<input type="checkbox"/>
17. Any other unusual water use facility: Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>

ACCT. #: \_\_\_\_\_

**BACKFLOW REQUIREMENTS**  
(TO BE COMPLETED BY BACKFLOW PERSONNEL)

BACKFLOW REQUIRED  YES  NO

IF YES:

SIZE: \_\_\_\_\_ TYPE: \_\_\_\_\_

BY: \_\_\_\_\_ CERT. #: \_\_\_\_\_

(Riverside County Health Dept.)

I hereby acknowledge that the installed backflow device is private plumbing and becomes the property and responsibility of the property owner and upon transfer of the land to another party I will provide the successor in interest with a copy of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**INSTALLATION DATA**

INSTALLED BY: \_\_\_\_\_ DATE INSTALLED: \_\_\_\_\_

BRAND: \_\_\_\_\_ SIZE: \_\_\_\_\_ TYPE: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_ SERVICE NO.: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**FINAL CHECK/SURVEY**

TESTED BY: \_\_\_\_\_ CERTIFICATION NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

RESULTS OF SURVEY AS TO COMPLIANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY CHANGES REQUIRED:  YES  NO

**JOB COMPLETE**

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

BACKFLOW SUPERVISOR

CERT. NO.: \_\_\_\_\_