



**Affidavit Attesting to Knowledge Skills Abilities and Training for Alternate Water Source System  
 Treatment System Manager under SFHC Article 12C**

**Date of Application:** \_\_\_\_\_ **Name of person filling out this form** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone** \_\_\_\_\_

System type (Check all that apply):

**Alternate Water Source:**  Rainwater  Stormwater  Graywater  Foundation Drainage  Blackwater  Other \_\_\_\_\_

**End Use:**  Subsurface Irrigation  Spray irrigation  Toilet Flushing  Cooling Applications  Other \_\_\_\_\_

**The signature below attests to the following (please fill in blanks and mark the check box for all that apply):**

- I possess the following relevant certifications and/or degrees:  
 Note: treatment system managers for blackwater and graywater systems must provide evidence of a Grade II Wastewater Operator Certification or higher.
  
- I received in-person training and orientation to the alternate water source system installed at the address above. Describe below the nature of the training and orientation (include dates and names of individuals providing the training and orientation):
  
- I have reviewed the Operations and Maintenance Manual for the alternate water source system installed at the address above.
  
- I am aware that the alternate water source system installed at the address above must comply with the Rules and Regulations of Article 12C of the San Francisco Health Code, and all other applicable local, state and federal regulations.

**Signature(s)**

\_\_\_\_\_  
 Signature Print Name and Affiliation/Title Date

\_\_\_\_\_  
 Signature Print Name and Affiliation/Title Date

**For Health Department Office Use Only**

<input type="checkbox"/>	Permit # _____
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