

Santa Fe Trail Ranch Metropolitan District

Property Owner's cistern information

Date _____

Property Owner Name _____

Physical address _____

SFTR Lot # _____

Mailing Address _____

Cistern Information:

Type of cistern: Flow-through _____ By-pass _____ NOTE: The system was designed and installed to fill cisterns set at the same elevation as the associated tap. Adequate pressure for by-pass operation cannot be guaranteed.

Construction: Concrete _____ Plastic _____ Other _____

Date installed _____ Capacity _____ gallons

Date of last test for bacteriological content _____ (A copy of a valid test performed within the past 12 months must be attached. If a test has not been performed within the last 12 months this will be done at owner's expense by SFTRMD, unless property owner prefers to sign the waiver of access agreement.)

Do you have a copy of the SFTRMD Cistern Construction and Disinfection Procedure and are you familiar with the disinfection process? Yes _____ No _____

When was cistern last disinfected and tested for free and residual chlorine? _____

This information must be submitted along with your request for water service, execution of annexation documents with the City of Trinidad, and either a Residential Access Agreement or a Waiver of Residential Access Agreement.

Respectfully

Santa Fe Trail Ranch Metropolitan District