

**SAN ANTONIO WATER SYSTEM  
WATERSAVER CAR WASH APPLICATION**

**PART 1 - GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2. Wash Facility Physical Address: \_\_\_\_\_

4. Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

5. SAWS Certification Number: \_\_\_\_\_ 6. SAWS Account No. \_\_\_\_\_

**PART 2 - CERTIFICATION**

I, the undersigned individual, hereby represent and certify to the San Antonio Water System that the information provided in this form is accurate and correct, and that the products, labor, and/or installation service identified in Part 3 has actually been performed at the vehicle wash identified in Part I of this form. I understand that providing the San Antonio Water System with false information on this form will be grounds for termination of certification under the San Antonio Water System Watersaver Car Wash Program, including loss of certification status and surrendering of all certification signs. I further agree to cooperate with the San Antonio Water System in providing any additional information they may require with regard to the retrofit products, labor, and/or installation services indicated in Part 3 and in the invoice(s) attached to this form along with their associated costs. I understand that this assistance may include facilitating contact with the individuals who performed the work on the referenced vehicle wash facility to verify that they have received payment and/or that the work has actually been done. **I hereby swear and/or affirm that the information provided by me in this form is true and correct in all respects:**

**X** \_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

SAN ANTONIO WATER SYSTEM

WATERSAVER CAR WASH PROGRAM APPLICATION

**PART 1**

**Business Name of Wash**

**Facility:** \_\_\_\_\_

**Wash Facility Physical Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Phone No.:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Ext.**

**Phone No.:** ( ) \_\_\_\_\_ - \_\_\_\_\_ **Ext.**

**Type of Facility [Check one]:**     Self-service

Full-service

Roll-over/In bay

**Water Svc. Provider:** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**Sewer Svc. Provider:** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**PART 2 – CERTIFICATION REQUIREMENTS**

**FOR ALL VEHICLE WASHES:**

- 1. All water-using devices must be maintained to original or improved specifications for the conservation of water.
- 2. All spray nozzles utilized at the vehicle wash will be replaced annually with stainless steel or hard ceramic nozles to assure maximum efficiency of water used. The nozzles and protectors for self-serve washes will be provided at no cost to the customer.
- 3. All water leaks of any kind must be repaired as they occur.
- 4. All toilets utilized at the vehicle wash facility must be replaced with 1.6-gallon type toilets.
- 5. All hoses or faucets shall be equipped with automatic shutoff valves.
- 6. All driveways and impervious areas should be cleaned by sweeping instead of washing.
- 7. Driveways may be washed with high pressure, low volume water systems for health and safety purposes ONLY.
- 8. All spot-free reverse osmosis concentrate (if any used) must be reused in the wash water holding tank.
- 9. Oil-water seperator in proper working order.
- 10. Agree to replace nozzles and protectors upon receipt from SAWS.
- 11. Submit copy of yearly pumping receipts showing quarterly mainfest of sump service.
- 12. Remain in good standing with SAWS Resources Compliance department.

**FOR SELF-SERVICE VEHICLE WASHES:**

- 1. All chamois wringer sinks must have positive shut off valves.
- 2. All high-pressure wash nozzles and pump systems shall be calibrated to flows no greater than 3 gallons per minute. This may be achieved by replacing existing nozzles with a reduced size nozzle and adjusting the pressure generated by the pumps as needed.
- 3. Signs posted prohibiting dumping vehicle and/or household fluids inot drain or collection sump.
- 4. All high-pressure wash nozzles shall be equipped at all times with nozzle protectors.

### **FOR FULL-SERVICE VEHICLE WASHES:**

- 1. Automatic high-level water cut-offs must be installed in all towel and chamois washing machines.
- 2. A minimum of 50% of water utilized in the rinse phase of automatic washing must be recycled to the collector tanks to be used for the washing phase.

### **FOR ROLL-OVER/IN-BAY:**

- 1. All chamois wringer sinks must have positive shut-off valves.
- 2. Some mechanical means must be used to create at least a 5-second dwell time for water to run off the vehicle into the sanitary sewer before vehicle can exit the bay.
- 3. Wash cycles shall not exceed the designated maximum usage rate. This rate is established by SAWS and is subject to change. Please check the SAWS website at <http://www.saws.org/carwash> for the latest update.
- 4. Direction of spray and timing be properly set and shut-off when no longer in contact with vehicle.
- 5. Maximum of 40 gallons per basic wash for rollover in-bays.
- 6. Maximum of no more than 75 gallons per wash for any wash package offered
- 7. All Rollover in-bay car washes shall restrict available washes to no more than 60 gallons per wash package during declared stages of drought restrictions.

**PART 3 – AGREEMENT REGARDING CERTIFICATION**

The undersigned individual, as owner/operator of the vehicle wash facility identified in Part 1 above, hereby agrees to abide by each of the applicable conditions of the SAWS Watersaver Car Wash Program and to maintain the vehicle wash facility according to such conditions for the period of certification. In consideration for participation in the SAWS Watersaver Car Wash Program, the undersigned owner/operator of the vehicle wash facility (or his/her authorized representative) hereby authorizes employees of SAWS or a designated representative to enter the premises at any time during routine business hours to perform inspections for the purpose of determining compliance with the Watersaver Car Wash Program. Inspections of limited access areas may be performed only after reasonable notice has been provided to the contact person identified in Part 1 above. The certification by SAWS of the above-identified facility is non-transferable and terminates upon transfer of ownership of the facility. As a further condition of certification, the undersigned owner/operator hereby agrees to notify SAWS in the event any of the following changes should occur: 1) if the facility is modified in a manner that will require an update to any information provided in this application; 2) if the facility is substantially altered with regard to the number of bays in operation; or 3) if the type of facility has been changed from that which is indicated in Part I above.

The undersigned hereby agrees to hold SAWS harmless with regard to its certification of the above identified facility or the undersigned's participation in the SAWS Watersaver Car Wash Program. Further, the undersigned expressly agrees if any condition of the SAWS Watersaver Car Wash Program that is applicable to the above identified facility is found to be in non-accordance with the prescribed program as determined by SAWS; the logo, signage, and other privileges of certification will be revoked and all subsequent benefits shall be immediately surrendered by the undersigned to SAWS until such time that the facility becomes re-certified.

Additionally, the undersigned hereby agrees they shall participate in good faith in the SAWS Charity Vehicle Wash program and to facilitate the sponsoring of not less than three Charity Vehicle Wash Programs during the one-year certification period at or on behalf of the vehicle wash facility identified in Part I above.

\_\_\_\_\_  
**Signature of Owner/Operator**

\_\_\_\_\_  
**Date**

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

**PART 4 – CAR WASH CHECK LIST**

I the undersigned licensed or accredited individual, do hereby certify that I have made physical inspection of the above identified facility and that at the time of such inspection it conformed with each applicable item of the San Antonio Water System Watersaver Car Wash Program identified above.

Check one:

- Registered Professional Engineer                       Licensed Plumber
- Accredited Back-flow Prevention Assembly Tester (TCEQ)

**Car Wash Type**

**Self-Serve**

Number of bays \_\_\_\_\_                                      Operating pressure \_\_\_\_\_  
GPM per bay \_\_\_\_\_                                      Nozzle size \_\_\_\_\_  
Spot-free rinse (on or off) \_\_\_\_\_  
Current nozzle type \_\_\_\_\_

**In-Bay**

Reclaim system (yes or no)                                      Operating pressure \_\_\_\_\_  
    Make \_\_\_\_\_                                      Operated by waterjets (yes or no) \_\_\_\_\_  
    Model \_\_\_\_\_                                      Wash Pkg #1: \_\_\_\_\_ GPV  
Current GPM \_\_\_\_\_                                      Wash Pkg #2: \_\_\_\_\_ GPV  
Number of Nozzles \_\_\_\_\_                                      Wash Pkg #3: \_\_\_\_\_ GPV  
Nozzle Type \_\_\_\_\_  
Nozzle size \_\_\_\_\_

**Conveyor**

Reclaim system (yes or no)                                      Operating pressure \_\_\_\_\_  
    Make \_\_\_\_\_                                      Wash Pkg #1: \_\_\_\_\_ GPV  
    Model \_\_\_\_\_                                      Wash Pkg #2: \_\_\_\_\_ GPV  
Current GPM \_\_\_\_\_                                      Wash Pkg #3: \_\_\_\_\_ GPV  
Number of Nozzles \_\_\_\_\_  
Nozzle Type \_\_\_\_\_  
Nozzle size \_\_\_\_\_

Date of last sump service by licensed waste hauler \_\_\_/\_\_\_/\_\_\_

Approximate number of cars serviced last year: \_\_\_\_\_

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Signature

Printed Name

Firm/Business Name

Address

ZIP:

Date of Inspection: \_\_\_/\_\_\_/\_\_\_

Phone No. ( ) -

License, or State Reg. No.

Expiration Date: \_\_\_/\_\_\_/\_\_\_  
(Of Inspector's License, Registration, etc.)

NOTES:

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

<b>FOR SAWS USE ONLY</b>
Verified By SAWS on: ___/___/___
By: _____
Employee ID No. _____

**RETURN TO:**

**SAWS Conservation Department  
Watersaver Car Wash Program  
P.O. Box 2449  
San Antonio, TX 78298-2449**