



# Title 4

## Conservation & Retrofit Program

### Application of Retrofit Requirements

It is the purpose and intent of this program to reduce the use of potable water within the Cambria Community Services District boundaries through the installation of water saving devices and plumbing, and through the prohibition of other devices and fixtures which cause the excessive use of water. Pursuant to Chapters 4.16 and 4.20 of the CCSD's municipal code, all structures undergoing a change of use, change of ownership, remodel or reconstruction, as well as all new development, must comply with the Conservation & Retrofit program.

All persons subject to the Conservation & Retrofit Program must submit verification to the CCSD that plumbing fixtures meet the following High Efficiency (HE) requirements. New construction requires additional measures beyond those listed here. For more information, please contact the conservation program manager.

FIXTURES	RETROFIT REQUIREMENT
<b><u>TOILETS</u></b>	<b>1.28 gallons per flush or dual flush of 1.6 gallons per flush.</b>
<b><u>SHOWER HEADS</u></b>	Shall limit the maximum flow to <b>1.5 gallons per minute</b> and shall have a <b>shutoff valve located on or near the showerhead.</b>
<b><u>PRESSURE REGULATORS</u></b>	Shall be installed and set at <b>50 pounds per square inch</b> maximum at all locations served by the District's water distribution system.
<b><u>FAUCETS</u></b>	<b>Kitchen/Bar/Utility sinks</b> shall be equipped with <b>faucet aerators</b> and be of a design that limits the maximum flow to <b>1.5 gallons per minute</b> . Commercial kitchen <b>pre-rinse spray valves</b> shall be provided at restaurant and similar food-service wash sinks and be rated at no greater than <b>1.6 gallons per minute</b> .
	<b>Lavatory (bathroom) sinks</b> shall be equipped with <b>faucet aerators</b> that limit the maximum flow to <b>0.5 (one-half) gallons per minute</b> .
	<b>Hose bibs</b> shall be equipped with restrictor and <b>anti-siphon valves (vacuum breakers)</b> that limit the maximum flow to 4.0 gallons per minute.
<b><u>DISHWASHERS &amp; WASHING MACHINES</u></b>	Residential/Commercial clothes washers shall be <b>ENERGY STAR certified</b> and have an <b>integrated water factor of no greater than 4.0</b> . Residential dishwashers shall be <b>ENERGY STAR certified</b> and shall use <b>no more than 3.5 gallons per cycle</b> . Commercial dishwashers shall be reviewed by the CCSD prior to installation. Visit <a href="http://www.energystar.gov/products/">www.energystar.gov/products/</a> to search for appliances that meet the above requirements.

## Retrofit Verification Process

1. To ensure compliance with state law, it is recommended that the “PRE-Retrofit Fixture” information in Part 2 of this form be completed prior to close of escrow (for resales). This provides full disclosure of the property’s retrofit compliance status and creates a to-do list if non-compliant fixtures exist. This form should not be submitted until all fixtures are compliant with the CCSD’s Water Conservation & Retrofit Program.
2. Within sixty (60) days of transfer of title (for resales) or prior to permit finalization (for remodels, change of use, or new construction), a **Title 4: Retrofit Verification Form and fee (\$55)** must be submitted to the conservation program manager. All sections must be filled out correctly for the retrofit certificate to be issued.
3. When filling out Part 2 of the form:
  - a. If High Efficiency (HE), write the existing gallons per flush (gpf) or gallons per minute (gpm) for the respective toilet, faucet, and showerhead in both columns.
  - b. If not HE, write the **PRE-retrofit** gpf or gpm for the respective toilet, faucet, and showerhead, and then write the flow rate of the newly installed **POST-retrofit** HE fixture(s).
  - c. If the form includes fixtures absent at the property, please indicate N/A. All fields with an asterisk (\*) are required.
  - d. If a lavatory or bar sink faucet aerator is not present or allows over 0.5 gpm, replace and state the new flow rate. Under-the-sink faucet supply line flow restrictors that meet the combined 0.5 gpm maximum may be substituted for faucet aerators. Contact the conservation program manager for more information.
  - e. For existing 1.6 gpf toilets, proper installation of a Toilet Tank Bank® (Niagra Conservation) can be used to achieve the 1.28 gpf maximum.
4. The Title 4: Retrofit Verification Form must be completed and signed by a licensed plumber, licensed home inspector, licensed contractor, or a CCSD staff member.
5. The form must be submitted to: **engineering@cambriacsd.org**.
6. The program manager will approve the information and provide the owner or agent, via email, with a Title 4: Retrofit Compliance Certificate. **Please note:** to ensure the integrity of this third-party verification process, CCSD staff will randomly audit verification forms via physical inspection of the retrofitted property. These inspections will be at no cost to the property owner and scheduled at their convenience. By submitting this form, the property owner consents to participate in the CCSD staff inspection process.

### IMPORTANT – PLEASE READ

THIS FORM AND THE \$55 APPLICATION FEE SHOULD BE SUBMITTED ONLY WHEN THE PROPERTY IS COMPLETELY COMPLIANT WITH CCSD RETROFIT PROGRAM REQUIREMENTS. PLEASE DO NOT SUBMIT FORMS FOR NON-COMPLIANT STRUCTURES.



# Form C-1 Retrofit Verification Form

**PART 1: COMPLETE ALL FIELDS.**

DATE:  /  /       ASSESSOR PARCEL #  -  -

OWNER / AGENT NAME: \_\_\_\_\_      INSPECTOR'S NAME: \_\_\_\_\_

OWNER / AGENT PHONE: \_\_\_\_\_      INSPECTOR'S PHONE: \_\_\_\_\_

OWNER / AGENT EMAIL: \_\_\_\_\_      INSPECTOR'S LICENSE TYPE and NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_      SERVICE LOCATION: \_\_\_\_\_

**PART 2: All items with an asterisk (\*) are required fields. Fields in green indicate POST-retrofit fixture data.**

<b>OUTDOOR FIXTURES</b>			
Drip Irrigation: Y / N		Irrigation Timer: Y / N	
Cistern: Y / N		Purple Pipe System: Y / N	
<b>*Number of Hose Bibs:</b>		<b>*Number of Anti-Siphon Valves:</b>	
<b>*Pressure Regulator Installed:      Y / N</b>		<b>*Pressure Set at or below 50 psi:      Y / N</b>	
<b>BATHROOM FIXTURES</b>			
Total Number of Full Bathrooms: _____		Total Number of Partial Bathrooms: _____	
<b>* PRE-Retrofit Toilet:</b>	_____ gpf    _____ gpf _____ gpf    _____ gpf	<b>* POST-Retrofit Toilet:</b>	_____ gpf    _____ gpf _____ gpf    _____ gpf
<b>* PRE-Retrofit Showerhead(s):</b>	_____ gpm    _____ gpm _____ gpm    _____ gpm	<b>* POST-Retrofit Showerhead(s):</b>	_____ gpm    _____ gpm _____ gpm    _____ gpm
<b>* PRE-Retrofit Sink(s):</b>	_____ gpm    _____ gpm _____ gpm    _____ gpm	<b>* POST-Retrofit Sink(s):</b>	_____ gpm    _____ gpm _____ gpm    _____ gpm

<b>KITCHEN FIXTURES:</b>			
* PRE-Retrofit Dishwasher:	EnergyStar? <input type="checkbox"/>	* POST-Retrofit Dishwasher:	EnergyStar? <input type="checkbox"/> Gallons Per Cycle _____
* PRE-Retrofit Sink(s):	_____ gpm _____ gpm	* POST-Retrofit Sink(s):	_____ gpm _____ gpm
<b>OTHER FIXTURES:</b>			
Hot Water Recirculation: Y / N      Water Softener: Y / N (If Y, Choose Exchange or Self-Regenerating)			
* PRE-Retrofit Clothes Washer:	EnergyStar? <input type="checkbox"/> High Efficiency (HE)? <input type="checkbox"/>	* POST-Retrofit Clothes Washer:	EnergyStar? <input type="checkbox"/> High Efficiency (HE)? <input type="checkbox"/>
* PRE-Retrofit Utility/Bar Sink:	_____ gpm _____ gpm	* POST-Retrofit Utility/Bar Sink:	_____ gpm _____ gpm

**How many permanent residents will occupy the property? (Optional)** \_\_\_\_\_

Please note, this information is requested for survey purposes only. It will not be used to determine allocation during a Board-declared drought emergency. Please submit a "Permanent Resident Declaration Form" at the administrative office (1316 Tamsen, Ste 201) to formally document this information.

**Will this property be used as a vacation rental? (Optional)** Y / N

**Will this property be occupied part-time? (Optional)** Y / N If yes, approx. what percentage? \_\_\_\_\_

**PART 3:**

I declare under penalty of perjury that the plumbing fixtures in the real property listed above are in full compliance with Title 4 of the Cambria Community Service District's municipal code and that my license number listed in Part 1 is valid.

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**Inspector's Signature and Printed Name** **Date**

I certify that I have reviewed [Section 4.16.080 "Failure to install and prohibition on removal after installation - Recordation of notice"](#) and understand my obligations to maintain compliance at all times.

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**Owner's Signature and Printed Name** **Date**