



WATER SERVICE QUESTIONNAIRE

Service Installation Agreement with: Owner Applicant Date: _____

Service Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone No.: _____ Applicant's Fax No.: _____

Owner's Name: _____ Same as above

Address to be served: _____ Same as above

Owner's Phone No.: _____ Owner's Fax No.: _____

Use of lot: Single-family Residential Multi-family Commercial

Size of Service Requested: Unknown 5/8" 3/4" 1" 1.5" 2" 3" 4" 6" 8" or larger

Size of Consumer Pipe: Unknown 5/8" 3/4" 1" 1.5" 2" 3" 4" 6" 8" or larger

Estimated length of pipe from the water meter to the building: _____ feet

Building will have _____ stories

Building size is _____ square feet

Is there a well on the property? Yes No

Any reclaimed/recycled water? Yes No

Will consumer use a pump to boost the pressure? Yes No

Will there be any landscape irrigation off this service? Yes No

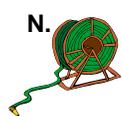
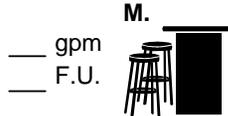
If yes, Number of sprinkler heads: _____ Flow (in gpm) each: _____

Maximum number of sprinkler heads used at any one time: _____

Will sprinklers be operated: On a time clock? Manually? Off peak hours? During the Day?

Complete the quantity of the following:

- A. Toilet - flush valve type _____
- B. Toilet - tank type _____
- C. Bidet _____
- D. Bathtub/shower combo _____
- E. Bathtub only _____
- F. Shower only _____
- G. Urinal _____
- H. Bathroom sink _____
- I. Clothes Washer _____
- J. Laundry tub _____
- K. Kitchen sink _____
- L. Dishwasher _____
- M. Bar sink _____
- N. Hose Bibb _____
- O. Misc. (describe) _____
- P. Misc. (describe) _____



Fire Department requirements (select one):

- None or Fire Service
- Sprinkle whole house (52 gpm)
- Sprinkle garage only (26 gpm)
- _____ Other (gpm)

Briefly Describe Project: _____

Applicant's/Owner's Signature: _____