

## WATER SERVICE QUESTIONNAIRE

Service Installation Agreement w	ith: Owner	Applicant	Date	:	
Service Applicant's Name: Applic	cant's				
Mailing Address: Applicant's Pho	ne No.:				
Owner's Name:		Applica	ant's Fax No.:		
Address to be served:				Same as	above
Owner's Phone No.:	_			Same as	above
		Ow	vner's Fax No.:		
Use of lot:	Single-family Resider	ntial	i-family [	Commercia	al
Size of Service Requested: Size		3/4" \[ 1" \[ \] 1.5		4"	8" or larger
of Consumer Pipe:		] 3/4"		☐ 4" ☐ 6"	8" or larger
Estimated length of pipe from th		_	feet	40	
				anuara faat	
Building will have	stories			_ square feet	□
Is there a well on the property?			/recycled water?	Yes	∐ No
Will consumer use a pump to			lo		
Will there be any landscape i		Yes	No		
If yes,	Number of sprinkler heads:			pm) each:	
	Maximum number of sprin	kler heads used at ar	ny one time:		
Will sprinklers be operated:	On a time clock?	Manually?	Off peak hours	s? 🔲 D	uring the Day?
Complete the <i>quantity</i> of the	ne following:				
A. Toilet - flush valve type		A. ***	В.	C.	<i>رَهُ '</i> ُ <b>D</b> .
B. Toilet - tank type		(8)		a de	000
C. Bidet D. Bathtub/shower combo	<del></del>				3
E. Bathtub only				•	
F. Shower only		E.		G.	H
G. Urinal					
H. Bathroom sink		~			
I. Clothes Washer					_
J. Laundry tub K. Kitchen sink	<del></del>	I.	J. 🥷	K	L.
L. Dishwasher					
M. Bar sink				ILE (PO	
N. Hose Bibb		М	N.		
O. Misc. (describe)		pm			
P. Misc. (describe)		F.U.			
Fire Department requirement	s (select one):				
None or Fire Service S <sub>P</sub>	rinkle whole house (52 gpm)	Sprinkle garage or	nly (26 gpm)		Other (gpm)
Briefly Describe Project:					
Applicant's/Owner's Sig	nature:				