

**SAN JOSE WATER COMPANY (U-168-W)**

110 West Taylor Street  
San Jose, CA 95110

Revised CPUC Sheet No. 2318-W

Canceling CPUC Sheet No. 847-W

**Form No. 22**

Questionnaire for Domestic Service

Installation Larger Than 1 Inch

**PLEASE REFER TO TARIFF BOOK FOR SAMPLE FORM**

**PLEASE REFER TO TARIFF BOOK FOR SAMPLE PAGE**

(To be inserted by utility)

Issued By

(To be inserted by CPUC)

Advice Letter No.: 611

John Tang

Date Filed: 09/09/2024

NAME

Decision No.:                   

Effective Date: 09/10/2024

Vice President, Regulatory Affairs  
TITLE

Resolution No.:

Form 22: Domestic Service Installation Questionnaire



**WATER SERVICE QUESTIONNAIRE**

Service Installation Agreement with:  Owner  Applicant Date: \_\_\_\_\_

Service Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone No.: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  Same as above

Address to be served: \_\_\_\_\_  Same as above

Owner's Phone No.: \_\_\_\_\_

Use of lot:  Apartments  Public Schools  Residential Subdivision  Other  
 Motels  Hotels/ Restaurants  Subdivision  
 Condominiums  Hospitals  Other  
 Trailer Parks  Shopping Centers  Public Buildings

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

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

Estimated length of pipe from the water meter to the building: \_\_\_\_\_ 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 Pump rate (gpm) \_\_\_\_\_

Will there be landscape irrigation off this service?  Yes  No Max irrigation demand (gpm) \_\_\_\_\_

Complete the *quantity* of the following:

A. Toilet - Tank Type

\_\_\_\_\_



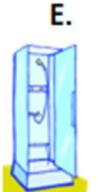
C.



D.



E.



B. Toilet - Flush-Valve

\_\_\_\_\_



C. Urinal

\_\_\_\_\_



D. Bathtub Only

\_\_\_\_\_



E. Shower Only

\_\_\_\_\_



F. Bathtub/Shower Combo

\_\_\_\_\_



G.



H.



I.



G. Clothes Washer

\_\_\_\_\_



H. Lavatory

\_\_\_\_\_



I. Kitchen Sink

\_\_\_\_\_



J. Laundry Tub

\_\_\_\_\_



K. Dishwasher

\_\_\_\_\_



L. Bar Sink

\_\_\_\_\_



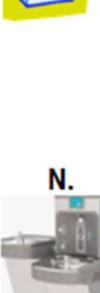
M. Hose Bibb

\_\_\_\_\_



N. Drinking Fountain

\_\_\_\_\_



O. Misc. (describe)

\_\_\_\_\_

Fire Sprinkler requirements (select one):

None / Fire Service  Fire Sprinklers Required Flow (in gpm) per Fire Consultant \_\_\_\_\_

Briefly Describe Project: \_\_\_\_\_

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

Applicant's/Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_