



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: Single-family Multi-family Commercial Other _____

Size of Service Requested:

| | | | | | | | | |
|----------------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> 1.5" | <input type="checkbox"/> 2" | <input type="checkbox"/> 3" | <input type="checkbox"/> 4" | <input type="checkbox"/> 6" | <input type="checkbox"/> 8" or larger |
|----------------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------------|

Size of Consumer Pipe:

| | | | | | | | | |
|----------------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 3/4" | <input type="checkbox"/> 1" | <input type="checkbox"/> 1.5" | <input type="checkbox"/> 2" | <input type="checkbox"/> 3" | <input type="checkbox"/> 4" | <input type="checkbox"/> 6" | <input type="checkbox"/> 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) _____

Will sprinklers be operated (select one): Manually? On a timer?

Complete the *quantity* of the following:

- A. Toilet - Tank Type _____
- B. Toilet - Flush-Valve Type _____
- C. Urinal _____
- D. Bathtub Only _____
- E. Shower Only _____
- F. Bathtub/Shower Combo _____
- G. Clothes Washer _____
- H. Bathroom Sink _____
- 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: _____