

WATER SERVICE QUESTIONNAIRE

Project Address: _____

Service Installation Agreement with: Owner Applicant

Service Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone No.: _____

Applicant's Email Address: _____

Owner's Name: _____ Same as above

Owner's Mailing Address: _____ Same as above

Owner's Phone No.: _____ Owner's Email Address: _____

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

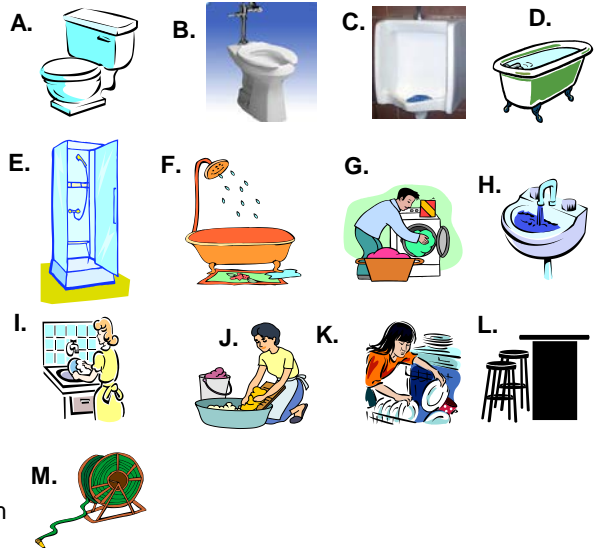
Will consumer use a pump to boost the pressure? Yes No Pump rate (gpm) _____

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 (for residential fire sprinklers use only - select one):

None Fire Sprinklers Required _____ flow (gpm)

Do you need to relocate the service (if there is an existing service)? Yes No

Do you need to upgrade the existing service or add a new service? _____

Briefly Describe Project: New Residence Remodeling Addition Retail Irrigation

Applicant's/Owner's Signature: _____ Date: _____