

# 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:

<input type="checkbox"/> Apartments	<input type="checkbox"/> Public Schools	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<input type="checkbox"/> Motels	<input type="checkbox"/> Hotels/ Restaurants	<input type="checkbox"/> Subdivision	
<input type="checkbox"/> Condominiums	<input type="checkbox"/> Hospitals		
<input type="checkbox"/> Trailer Parks	<input type="checkbox"/> Shopping Centers		
	<input type="checkbox"/> Public Buildings		

Size of Service Requested: ☐ Unknown ☐ 3/4" ☐ 1" ☐ 1.5" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 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
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Estimated length of pipe from the water meter to the building: \_\_\_\_\_ feet

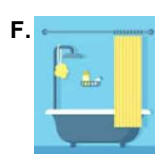
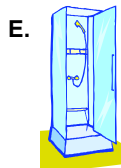
Is there a well on the property? ☐ Yes ☐ No      Any reclaimed/recycled water? ☐ Yes ☐ No

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        | _____ |
| B. Toilet - Flush-Valve Type | _____ |
| C. Urinal                    | _____ |
| D. Bathtub Only              | _____ |
| E. Shower Only               | _____ |
| F. Bathtub/Shower Combo      | _____ |
| 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)          | _____ |



gpm **M.** 

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: \_\_\_\_\_