

WATER DEMAND INFORMATION

(Please Print)

Project name: _____

Address: _____

Type of business: _____

Name of person and firm making inquiry: _____

Phone: _____

Fax: _____

FIXTURE TYPE	NO.	FIXTURE TYPE	NO.
Bathtub		Toilet: Flush Valve	
Bedpan washers		Tank type	
Bidet		Urinal: Pedestal flush valve	
Dental unit		Wall flush valve	
Drinking fountain (public)		Wash sink: (each set of faucets)	
Kitchen sink		Dishwasher	
Lavatory		Washing machine	
Shower head (shower only)		Hose (50' length – wash down)	1/2"
Service sink			5/8"
			3/4"

Underground lawn sprinkling maximum demand _____ G.P.M.

Will the lawn sprinkler be metered separately? Yes _____ No _____

Does the lawn sprinkler have a booster pump or a chemical injection system? Yes _____ No _____

Diameter of service line _____ in.

Approximate length of service line _____ ft.

OTHER EQUIPMENT (list below)	SIZE of CONNECTION	NO. of FIXTURES	G.P.M.

Additional comments for meter sizing (for example: Which loads may occur simultaneously?)

_____ Date

_____ Applicant's signature