Application for Metered Service

RESIDENTIAL / MULTI-UNIT / BUSINESS / COMMERCIAL

DISTRICT TO COMPLETE

DISTRICT

1318 FILE NUMBER

SERVICE ORDER

DATE

DISTANCE FROM MAIN TO PROPOSED METER LOCATION (FT)

NORMAL OPERATING PRESSURE

ELEVATION DIFFERENCE FROM METER LOCATION TO RESIDENCE
(FT; + Above meter, - Below meter)

PLAT SHEET NO.

CUSTOMER TO COMPLETE

PROPERTY OWNER (Name)

PHONE NUMBER

EMAIL

SERVICE ADDRESS

MAILING ADDRESS

CONTACT PERSON

PHONE NUMBER

EMAIL

DATE SERVICE NEEDED

Type of service request (check one): ◯ Upsize existing service ◯ New service ◯ Downsize existing service

Business type (check one) ◯ Residential/Multi-Unit ◯ Business/Commercial ◯ Other

Property to be served by another water supply? ◯ Yes ◯ No

If yes, please explain:

If service request is for a Residential/Multi-Unit meter and a master meter is being requested, Submeters or individual water meters are required at each individual resident/dwelling unit to measure the quantity of water supplied per Water Code Section 537.1.

Will toxic chemicals be used or stored on the premises? ◯ Yes ◯ No If yes, attach explanation.

GENERAL INFORMATION

For Single Family Residence: Lot Size (Square feet): Structure Size (Square feet):

For Multi-Family Unit: Number of Apartments/Condos on a Single Meter:

For Single Family Residence or Multi-Family Unit: Number of Floors:

Approximate elevation difference from meter location to residence:

Proposed pipe size downstream of meter: (in inches)

Will booster pumps be installed on private plumbing lines? ◯ Yes ◯ No If **YES**, Attach pump information.

ALL SERVICES ARE SUBJECT TO AND RESPONSIBLE FOR COMPLYING WITH THE CROSS-CONNECTION CONTROL REGULATIONS SET FORTH IN RULE 16 ON FILE WITH THE PUC AND THE STATE WATER RESOURCES CROSS-CONNECTION CONTROL POLICY HANDBOOK.

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CUSTOMER TO COMPLETE

Request for: ..... Service size ..... Meter size **(Final service and meter size will be determined by Cal Water.)**

◯ **DOMESTIC:** Estimated increase in water requirement over the next ten years: GPM: ..... Percentage: .....

List the quantity for each item below from the plumbing plans for the entire building this meter will serve:

Wash basins/sinks:	.....	Flush valve toilets:	.....
Kitchen sinks:	.....	Flush valve urinals:	.....
Baths and/or showers:	.....	Hose connection:	.....
Tank toilets:	.....	Clothes washers:	.....
Low flow toilets:	.....	Dishwashers:	.....

Other water demand facilities (pool, spa, jacuzzi, etc.): ◯ Yes (If **YES**: Attach facility information) ◯ No

Item:	.....	GPM:	.....
Item:	.....	GPM:	.....

If a dedicated irrigation service is requested, please fill out a separate 1318 for this request.

Will the above domestic service supply irrigation demand? ◯ Yes ◯ No

If **YES**: Maximum irrigation flow ..... GPM. Irrigation to be done between 9pm & 6am? ◯ Yes ◯ No

If irrigation demand exceeds domestic demands, provide backup calculations to support.

Maximum flow demand excluding irrigation (GPM) based on: ◯ Calculated per plumbing code ◯ Estimated

◯ **IRRIGATION:** What is the total irrigation demand? (GPM) .....

◯ **RESIDENTIAL FIRE SPRINKLER SYSTEM:**

If a dedicated fire protection service is requested, please submit a separate request to Cal Water with the proposed size from the fire sprinkler company approved by the fire department with supporting documentation.

Will the above domestic service supply a fire suppression system? ◯ Yes ◯ No

If **YES**: Sprinkler system design: ◯ Flow-through ◯ Closed

INCLUDE HYDRAULIC CALCULATIONS FROM THE FIRE SPRINKLER COMPANY

Fire Flow Requirement* (GPM): ..... Will on-site private fire hydrants be installed? ◯ Yes ◯ No

Pressure Requirement* (PSI): ..... Will the building be equipped with a separate fire sprinkler system? ◯ Yes ◯ No

If **YES**: plans and fire flow requirement calculations must be submitted along with the application form.

*Flow and pressure requirement to be a point just downstream of proposed meter/at transition to customer piping and for worst case flow and pressure scenario should account for elevation differences between meter location and residence.

Additional customer comments: .....

.....

.....

Customer signature: ..... Date: .....

ENGINEER TO COMPLETE

Engineer comments: .....

.....

.....

.....

.....

Engineering Approval: .....

Date: .....

CALIFORNIA WATER SERVICE USE ONLY

Service size (IN) .....

Meter size (IN) .....

If 3" or larger, a copy of this form is to be sent to the Meter Operations Supervisor.

Meter type (if applicable) .....

Bypass size (IN, if applicable) .....

Sized by: ..... Date: .....

Checked by: ..... Date: .....