



# WATER SERVICE APPLICATION

## APPLICATION GUIDELINES – PLEASE READ CAREFULLY

### APPLICATION CHECKLIST

Please review for required submittals.

Return application and attachments to the EBMUD New Business Office at 375 11th St, Oakland, CA 94607-4240.

### PART 1 – GENERAL INFORMATION

All applicants complete PART 1. See Water Service Application Checklist, PART 8 for all submittal requirements. For water main extensions, submit completed PART 1 and PART 2 with your estimate fee and plans. Contact New Business Office at 510-287-1008 for additional information.

### PART 2 – HYDRANT / FIRE SERVICE / DUAL SERVICE REQUIREMENTS

Use PART 2 if any new and/or changes to existing hydrants and/or fire services are required as part of this project OR if project requires Dual Service (Combined domestic/fire service). Please consult your local fire agency for their requirements.

All applicants, except irrigation-only, submit this page after completion by your local fire marshal. You must also submit a signed PART 7.

- Applications for hydrants must be accompanied by an approved underground hydrant exhibit with onsite pipe size and connection point to main shown.
- Applications for private fire services must be accompanied by an approved sprinkler plan or underground plan with onsite pipe size and connection point to main shown, and/or an approved hydrant exhibit (if applicable).
- If relocation or removal of an existing hydrant or fire service is required, approved plan should show existing and proposed new locations when applicable.

### PART 3 – WATER DEMAND & EFFICIENCY – FIXTURES

This worksheet is intended to help gauge the indoor water demand of your project. This is necessary to determine the appropriate meter size for your service, and to ensure that Section 31 Water Efficiency Requirements are met. For large projects where this form is impractical, you may submit a fixture list with your project plans. **Complete a separate copy of PART 3 for each home model type and/or building.**

- All applicants must submit project drawing plans for review and approval.
- Submit manufacturer cut sheets for all fixtures and equipment, highlighting the efficiency rating and specified options for your project on each sheet.

### PART 4 – WATER DEMAND & EFFICIENCY – IRRIGATION

All applicants are required to complete the irrigation table in PART 4. For projects with more than 12 stations, attach separate sheets, or request a larger form from EBMUD Water Conservation. **Complete a separate copy of PART 4 for each irrigation controller specified.**

A minimum irrigation demand in GPM will be assessed on new water service applications submitted without landscaping plans or diagram for the entire property. The minimum irrigation demand factors in lot size and climate region within the District's service area, and is combined with indoor demand to calculate the total System Capacity Charge. For questions regarding irrigation, please contact EBMUD Water Conservation Office at 510-287-1900.

- Applications with  $\geq 500$  sq ft of irrigated landscaping must submit one full-size hard copy of detailed landscaping plans including planting, irrigation, grading, and color coded hydrozones for review and approval.
- Applications with  $< 500$  sq ft of irrigated landscaping must submit a planting and irrigation diagram for review and approval.

### PART 5 – BACKFLOW SURVEY

All applicants must answer all questions in the Backflow Survey. Preventing backflow ensures that potable water will not become contaminated. **Your contractor may be able to assist you if you do not know all the answers.**

### PART 6 – COMMERCIAL WASTEWATER CAPACITY FEE

All industrial, institutional, and commercial applicants within EBMUD's wastewater service area must fill out PART 6. (Applies to properties in Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont, and Stege Sanitary District which includes El Cerrito, Kensington, and Richmond Annex.)

The wastewater capacity fee, in accordance with the Wastewater Ordinance, Title III, Section 2(d), recovers the treatment costs for providing long-term wastewater treatment capacity to all new or expanded system users. Increase in demand is measured in wastewater volume and strength. The calculation is based on the estimated monthly maximum capacity and the current wastewater capacity rate schedule (Schedule G).

### PART 7 – ACKNOWLEDGEMENTS

Initial each applicable section and sign and date at the bottom.

## APPLICATION CHECKLIST

		WATER OR DUAL SERVICE	PRIVATE FIRE SERVICE	PUBLIC HYDRANT
GENERAL INFORMATION	<input type="checkbox"/>	Applicant name and/or name of owner and mailing address.		
	<input type="checkbox"/>	Address of property to be served.		
	<input type="checkbox"/>	Assessor's parcel number and map.		
	<input type="checkbox"/>	Building permit number and/or grading permit number.		
	<input type="checkbox"/>	Name, address and telephone of plumbing, fire sprinkler, and backflow contractors (as applicable).		
	<input type="checkbox"/>	Number of meters required.		
	<input type="checkbox"/>	Existing site environmental data (optional).		
	<input type="checkbox"/>	Private Sewer Lateral verification if you are upgrading or reducing the meter size. (Applies to EBMUD wastewater customers in Alameda, Albany, Emeryville, Oakland, Piedmont, and Stege Sanitary District which includes El Cerrito, Kensington, and Richmond Annex.)		
FIRE SERVICE	<input type="checkbox"/>	Hydrant / Fire Service / Dual Service form (PART 2) executed and signed by fire marshal.		
	<input type="checkbox"/>	If applying for private fire service to serve any commercial occupancy or multi-family premises (as approved by local fire agency), attach Statement of Design Criteria from Fire Service Request.		
	<input type="checkbox"/>	Approved Fire Plan or Underground/Utility Plan showing street, cross street, size, location of fire service and all proposed hydrants, stamped and signed by local fire marshal.		
WATER DEMAND & EFFICIENCY	<input type="checkbox"/>	For commercial use, applicant should submit a complete plumbing fixture unit schedule (shown on the engineering improvement plans) in addition to completing the Water Demand & Efficiency - Indoor page (PART 3)		
	<input type="checkbox"/>	If your project includes multiple services, please supply thorough information for all service installations.		
	<input type="checkbox"/>	Complete separate Water Demand & Efficiency pages (both indoor and outdoor) for each home model type and/or building.		
	<input type="checkbox"/>	Plumbing Plans (1 set - full-size hard copy) with <input type="checkbox"/> Manufacturer cut-sheets showing efficiency rating and specified options, and <input type="checkbox"/> Plumbing fixture schedule.		
	<input type="checkbox"/>	Landscape plans (1 set - full-size hard copy) with <input type="checkbox"/> Planting plan, <input type="checkbox"/> Irrigation plan, <input type="checkbox"/> Grading plan, and <input type="checkbox"/> Color-coded hydrozone plan.		
	<input type="checkbox"/>	Site plans with proposed and existing meter locations and sizes. Contact New Business Office at 510-287-1008 for additional requirements for meters larger than 2-inch.		
BF	<input type="checkbox"/>	Complete Backflow Survey (PART 5)		
COMM WCF	<input type="checkbox"/>	Complete Commercial Wastewater Capacity Fee (PART 6)		
	<input type="checkbox"/>	Commercial wastewater customers, please provide <input type="checkbox"/> 1 additional copy of the plumbing plans with fixture unit schedule, and <input type="checkbox"/> 1 additional copy of the site plans with proposed and existing meter locations and sizes. For questions or help, please leave a message on the Environmental Services Hotline at 510-287-1651 and a representative will contact you.		
FEE	<input type="checkbox"/>	Pay Water Service Estimate Fee (see Schedule M at ebmud.com for fees). Contact New Business Office at 510-287-1008 for additional requirements for main extensions or flag lots.		
SIGN	<input type="checkbox"/>	Initial each applicable section of the Acknowledgements page (PART 7), sign at the bottom, and date to confirm that you understand all terms and conditions.		
	<input type="checkbox"/>			



# WATER SERVICE APPLICATION

## PART 1 – GENERAL INFORMATION

### APPLICANT CONTACT

NAME			
ADDRESS		PHONE <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	
CITY	STATE	ZIP	PHONE <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
EMAIL			

### OWNER/BILLING CONTACT

☐ same as Applicant

NAME			
ADDRESS		PHONE <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C	
CITY	STATE	ZIP	PHONE <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> C
EMAIL			

### PROPERTY INFORMATION

SERVICE ADDRESS		LOT Nº	
CITY	ZIP	TRACT/SUBDIVISION	
ASSESSOR'S PARCEL Nº	BUILDING/GRADING PERMIT Nº	PERMIT DATE	
LOT SQ FT	Nº OF BLDGS	Nº OF STORIES	Nº OF DWELLING UNITS
SITE CONDITIONS <input type="checkbox"/> There are railroad tracks in the street where service will be installed. <input type="checkbox"/> Water main extension needed. <input type="checkbox"/> For the entire construction project (not just EBMUD's portion) more than 1 acre of soil will be disturbed. See <i>Water Pollution Prevention Requirements for Construction Projects</i> fact sheet for more information. <input type="checkbox"/> Meter locations are paved or will be paved prior to service installation.			

### CONTRACTOR CONTACTS

DOMESTIC PLUMBER / CONTRACTOR NAME		
ADDRESS		OFFICE PHONE
CITY	ZIP	CELL PHONE
FIRE SERVICE PLUMBER / CONTRACTOR NAME <input type="checkbox"/> same as domestic plumber / contractor		
ADDRESS		OFFICE PHONE
CITY	ZIP	CELL PHONE

### METERS TO BE INSTALLED / SERVICE USE

DESCRIPTION OF PROJECT	
SIZE / GALLONS PER MINUTE (IF KNOWN)	NUMBER OF METERS
SERVICE TYPE <input type="checkbox"/> Recycled: complete the Recycled Water Service Application instead. To find out more about Recycled Water visit <a href="http://ebmud.com">ebmud.com</a> or call 510-287-1631. <input type="checkbox"/> Single family <input type="checkbox"/> Multiple family <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial (specify type) _____	
FIRE SERVICE <input type="checkbox"/> Fire service / hydrant <input type="checkbox"/> Domestic dual service (water and fire service on the same meter) Water service applications which include fire service or domestic dual service must have local Fire Marshal complete the respective section(s) on PART 2.	

### PRIVATE SEWER LATERAL PROGRAM REQUIREMENTS

#### INCREASE OR DECREASE EXISTING METER

☐ I want to increase or decrease the size of a meter on an existing service

For Applicants applying to increase/decrease existing meter size, please reference the Private Sewer Lateral Program Requirements Fact Sheet or the Regional PSL website at [www.eastbaypsl.com](http://www.eastbaypsl.com).

EBMUD wastewater customers are required to obtain a private sewer lateral compliance certificate showing that their sewer lateral is free of leaks. The Regional PSL Program applies to EBMUD customers who have property located in Alameda, Albany, Emeryville, Oakland, Piedmont and Stege Sanitary District which includes El Cerrito, Kensington, and Richmond Annex.

#### Please check only one box below.

- ☐ I am installing a new water meter for new construction  
☐ I am not connected to the public sewer  
☐ I am submitting an Exemption Certification  
☐ I am submitting a Compliance Certificate  
☐ I am not an EBMUD wastewater customer



# WATER SERVICE APPLICATION

## PART 2 – HYDRANT / FIRE SERVICE / DUAL SERVICE REQUIREMENTS

### FIRE MARSHAL:

Please complete and sign below. If dual service is indicated and approved, please complete the Domestic Dual Services section below. If any change to an existing hydrant and/or fire service is required, please indicate required changes (i.e. upgrade hydrant body, relocate, or remove) in Remarks Section. For questions about this form, contact EBMUD New Business Office at 510-287-1008.

PROPERTY	PROJECT ADDRESS	CITY	ZIP
	ASSESSOR'S PARCEL Nº	TRACT/SUBDIVISION	LOT Nº

### TO BE COMPLETED BY FIRE MARSHAL

FIRE HYDRANTS	<input type="checkbox"/> NEW HYDRANTS NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PUBLIC hydrants _____ AND/OR Number of NEW PRIVATE hydrants _____ <input type="checkbox"/> RELOCATE: Number of EXISTING PUBLIC hydrants to be relocated _____	For HYDRANTS please complete the following OR check the box below:  A total of _____ gallons per minute supplied by _____ hydrant(s) flowing simultaneously for a duration of _____ minutes. Each individual hydrant shall provide a minimum flow of _____ gallons per minute.  Unless otherwise indicated, fire flow is calculated down to at a minimum residual pressure of 20 psi in the water main under normal operating design flow conditions. Fire flow is a design factor and is not guaranteed.  <input type="checkbox"/> EXISTING FLOW IS ADEQUATE  Remarks _____	
	Commercial, multi-family premises (as approved by local fire agency). <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PRIVATE fire services _____ <input type="checkbox"/> EXISTING PRIVATE FIRE SERVICE adequate	Remarks _____  _____	
DOMESTIC DUAL SERVICES	Single family premises, multi-family premises, condos, and townhomes (as approved by local fire agency) <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW DUAL SERVICES _____	For DOMESTIC DUAL SERVICES please complete the following:  <div style="display: flex; align-items: center; justify-content: center;"><div>_____</div><div>Sprinkler heads</div><div style="margin: 0 10px;">X</div><div>_____</div><div>Demand per head, GPM</div><div style="margin: 0 10px;">=</div><div>_____</div><div>Sprinkler Demand, GPM</div></div> <div style="display: flex; justify-content: space-around; font-size: small;"><div>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</div><div>Flow required for each sprinkler head to operate (in gallons per minute).</div></div> Remarks _____	
FIRE MARSHAL APPROVAL	FIRE AGENCY NAME		PHONE
	PREPARED BY		TITLE
	EMAIL		
	SIGNATURE (By signing below, I agree I have reviewed and approved the fire service plan for above address location.)  _____		DATE

**VALID FOR ONE YEAR**



# WATER SERVICE APPLICATION

## PART 3 – WATER DEMAND & EFFICIENCY – FIXTURES

### Abbreviations

GPF - gallons per flush  
GPM - gallons per minute  
GPC - gallons per cycle

WF - water factor  
GP100 - gallons per 100 lbs of ice  
GPH - gallons per hour

GPR - gallons per rack  
COC - cycles of concentration  
% - percent recycled

FUD - fixture unit demand  
TD - total demand  
QTY - quantity

						EBMUD USE	
FIXTURE / EQUIPMENT		QTY	EFFICIENCY RATING	MAKE / MODEL/ OPTIONS	PAGE ON PLANS	FUD	TD
RESIDENTIAL	Toilet (tank)		GPF			2.5	
	Toilet (flushometer valve)		GPF			5	
	Urinal (flushometer valve)		GPF			3	
	Shower head		GPM			2	
	Tub/shower combo		GPM			4	
	Whirlpool tub faucet		GPM			4	
	Bathroom faucet		GPM			1	
	Bidet faucet		GPM			1	
	Kitchen faucet		GPM			1.5	
	Vegetable prep faucet		GPM			1	
	Dishwasher		GPC			1.5	
	Laundry faucet		GPM			1.5	
	Clothes washer		WF			4	
	Bar sink faucet		GPM			1	
	Hose Bibs					2.5 / 1	
COMMERCIAL	Pre-rinse spray valve		GPM				
	Food steamer		GPH				
	Ice machine		GP100				
	Refrig. (air cooled / closed loop)		TYPE				
	Vehicle wash facilities		%				
	Cooling towers		COC				
	Dishwasher		GPR			1.5	
	Drinking fountain		GPM			1	
	Dental unit / cuspidor		GPM			1	
	Mop sink		GPM			3	
	Clinic flushometer sink		GPM			8	
	Other Commercial						
						Total indoor FUD	



# WATER SERVICE APPLICATION

## PART 4 – WATER DEMAND & EFFICIENCY – IRRIGATION

### Abbreviations

QTY - quantity  
FUD - fixture unit demand  
TD - total demand  
GPM - gallons per minute

### Irrigation codes

S Fixed spray sprinkler  
R Rotary sprinkler, single nozzle  
RM Rotary sprinkler, multiple nozzle  
MT Multi-trajectory, multi stream  
W Water feature  
DP Drip, point source  
DI Drip, inline  
B Bubblers  $\leq 0.25$  GPM  
MS Micro-spray, gals per hour

### Sun codes

FS Full sun, all day  
SH Shade, filtered sun  $\leq 6$  hrs/day

### Zone codes

TC Cool season turf  
TCR Cool turf used for recreation  
TW Warm season turf  
TWR Warm turf used for recreation  
H Peak<sup>†</sup> supplemental irrigation requirement  $\geq 3$  days/week  
M Peak<sup>†</sup> supplemental irrigation requirement 2 days/week  
L Peak<sup>†</sup> supplemental irrigation requirement  $\leq 1$  day/week  
VL Peak<sup>†</sup> supplemental irrigation requirement  $\leq 1$  day/month

Z No supplemental irrigation after establishment - no permanent irrigation system  
E Edible - vegetable or orchard  
O Open - no plants, no irrigation  
A Annuals in ground  
AT Artificial turf  
CS Small planted containers or baskets  
CL Large planted containers  
P Pool or spa, uncovered  
PC Pool or spa, covered  
W Water feature - ornamental

<sup>†</sup> Supplemental irrigation for July

	STATION (ZONE)	FLOW RATE	IRRIG. CODE	ZONE SQ FT	SUN CODE	ZONE CODE	BOTANICAL NAME OF HIGHEST WATER DEMAND PLANT (LIST FOR EACH ZONE)
IRRIGATION	1	GPM					
	2	GPM					
	3	GPM					
	4	GPM					
	5	GPM					
	6	GPM					
	7	GPM					
	8	GPM					
	9	GPM					
	10	GPM					
	11	GPM					
	12	GPM					
	TYPE			SQ FT			
OTHER USE	Swimming Pool						
	Spa / Hot Tub						
	Water Feature						
	Total sq ft						

### TOTAL DOMESTIC WATER DEMAND — EBMUD USE

INDOOR DEMAND (FUD)	OUTDOOR DEMAND (FUD)	SUBTOTAL DEMAND (FUD)	SUBTOTAL DEMAND (GPM)	IRRIGATION DEMAND (GPM)	TOTAL DOMESTIC WATER DEMAND (GPM)
+	=	»	+	=	



# WATER SERVICE APPLICATION

## PART 5 – BACKFLOW SURVEY

### BACKFLOW SURVEY

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1. Do you have a well, either working or abandoned?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	12. Will there be more than one fire service at this property?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	2. Is this a waterfront property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	13. Will you need internal protection that requires a backflow device?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	3. Will there be a single meter servicing multiple users?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	14. Are you going to install a proper backflow assembly? Have you verified the appropriate device and location through EBMUD's Backflow Department at 510-287-0874?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	4. Will this service also serve irrigation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	15. Will there be any non-potable use, such as the use of recycled water, graywater, or rainwater catchment systems? Explain:  _____  _____  _____  _____
YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. Will the HVAC be operated with water?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	6. Will you have sewage ejectors?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	7. Will you have submerged inlets: any water-using fixtures or outlets that might be underwater?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	8. Will you use non-potable liquids or chemicals on the property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	16. Are you an Industrial, Commercial, or Institutional customer; or a residential developer applying for standard service?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	9. Will you have any equipment, other than residential, connected to the potable water system? Examples include but are not limited to: recirculating pumps, booster pumps, boilers, hydronic systems, solar systems, steam generators, or cooling towers?			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	10. Will you inject chemicals into the fire line?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	17. Will there be a swimming pool, pond, fountain, or a decorative water feature on site?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	11. Will the fire service be on or available to an auxiliary water supply? Examples include a nearby lake, bay, waterfront, well, cistern, or estuary.			

## PART 6 – COMMERCIAL WASTEWATER CAPACITY FEE

### COMMERCIAL WASTEWATER CAPACITY FEE

DESCRIBE ANY NON-DOMESTIC WASTEWATER GENERATING ACTIVITIES. EXAMPLES: CAR WASHING, REVERSE OSMOSIS SYSTEMS, TANK WASHING, ETC.	MAX MONTHLY VOLUME ESTIMATE PER ACTIVITY	TOTAL SQ FT FOR EACH BUILDING OR COMMERCIAL TENANT (LIST EACH TYPE)	NUMBER OF PEOPLE USING THE FACILITY (NOT NEEDED FOR RETAIL OR MEDICAL)
1.		1.	
2.		2.	
3.		3.	
4.		FOR EATING/DRINKING ESTABLISHMENTS SQ FT OF KITCHEN AND DINING    NUMBER OF DINING SEATS    NUMBER OF BAR SEATS	
5.			



# WATER SERVICE APPLICATION

## PART 7 – ACKNOWLEDGEMENTS

### GENERAL INFORMATION (PART 1)

Billing for service charges begins when meters are installed. If water is not needed immediately after meter installation, it is the applicant's responsibility to contact Customer Service at 1-866-403-2683 to close the account.

INITIAL

### FIRE SERVICE (PART 2)

Before a fire service estimate will be processed, the applicant must furnish fire hydrant information and fire flow requirements as specified by the fire protection agency.

INITIAL

### DUAL SERVICE DISCLAIMER (PART 2)

Applicant expressly agrees that, in the event of disconnection, removal or termination of the dual service for any reason, including but not limited to termination due to Applicant's non-payment of a delinquent account or due to Applicant's request to terminate service, Applicant shall indemnify, defend, and hold harmless the District, its directors, officers and employees from and against any and all loss, liability, expense, costs, claims, demands, suits and damages, including attorneys' fees arising directly or indirectly from or related to the disconnection, removal, or termination of said dual service, save and except for a liability arising from the sole negligence or willful misconduct of District.

District does not represent or warrant that the dual service will prevent any loss by fire or otherwise; or that the service will in all cases provide the protection for which it is installed or intended. Applicant acknowledges that District is not an insurer, that Applicant assumes all risk of loss or damage to Applicant's premises or to its contents; that District has made no representation or warranties, nor has Applicant relied on any representations or warranties, expressed or implied, except as set forth herein.

INITIAL

### WATER DEMAND (PARTS 3 & 4)

I hereby certify that my answers to the questions in this form are complete and true to the best of my knowledge. I understand that misrepresentation of the foregoing information may result in additional payment of fees and charges in accordance with Section 17 of the District's Regulations Governing Water Service to Customers and as provided in the Schedule of Rates and Charges of the East Bay Municipal Utility District, including but not limited to Installation Charges, System Capacity Charges, and Wastewater Capacity Fees.

INITIAL

### WATER EFFICIENCY (PARTS 3 & 4)

I certify that the subject project meets Section 31 Water Efficiency Requirements for plumbing and landscaping. If you have any questions concerning Water Efficiency Requirements, call 510-287-1900.

INITIAL

### BACKFLOW SURVEY (PART 5)

If you do not answer every question, your application will be considered incomplete and will be returned. If you have any questions concerning Backflow Requirements, call 510-287-0874.

INITIAL

### COMMERCIAL WASTEWATER CAPACITY FEE (PART 6)

EBMUD may conduct a review, within two years of account setup, to verify the discharge use is consistent with the capacity amount paid. Any capacity demand over what was assessed at the time of the service setup will be billed to the account.

INITIAL

### APPLICANT SIGNATURE

PROPERTY OWNER / APPLICANT/AUTHORIZED AGENT

ASSESSOR'S PARCEL Nº

SIGNATURE (By signing below I acknowledge that I have read and agree to each applicable section above.)

DATE





# WATER SERVICE APPLICATION

QUOTATION – FOR DISTRICT USE ONLY

TO BE COMPLETED BY EBMUD									
SERVICE ADDRESS					CITY			TAP Nº	
<input type="checkbox"/> SCC <input type="checkbox"/> DU <input type="checkbox"/> SPC		REGION		PZ		Charges/Credits		INSTALLATION	
B-MAPS		WER Nº		BCC ASSIGNED		SYSTEM CAPACITY CHARGE			
ELEVATION AT RESERVOIR			PRESSURE TYPE			DU		METER SIZE	
ELEVATION AT METER			ELEVATION AT HOUSEPAD			CREDIT TAP Nº		SCC CREDIT < >	
<div><input type="checkbox"/> Dual Service <input type="checkbox"/> Low Pressure <input type="checkbox"/> Pressure Regulator <input type="checkbox"/> Conditional Service <input type="checkbox"/> High Pressure</div> WATER SERVICE APPLICATION RECEIVED / REMARKS:						ACCOUNT FEE			
						WASTEWATER CAPACITY FEE			
						CREDIT TAP Nº		WCF CREDIT < >	
						FRONT FOOT CHARGE		_____ FT @ \$ _____ / FT =	
						AGREEMENT Nº			
ANNEXATION						_____ ACRES @ \$ _____ / ACRE =			
SERVICE ELIMINATION FEE									
MITIGATION FEE / OTHER									
UNUSUAL CONDITIONS									
TOTAL						QUOTE GOOD FOR 30 DAYS			
INVOICE CUSTOMER CODE					INVOICE Nº				
PREPARED BY					DATE				

FOR DUAL SERVICE:							
_____	_____	+	_____	=	_____	Note: Meter size is based on the greater of (A) and (B). • 1 inch meters ≤ 50 GPM • 1.5 inch meters > 50 ≤ 100 GPM	_____
TOTAL DOMESTIC DEMAND (A)	SPRINKLER DEMAND		DOMESTIC ALLOWANCE		TOTAL COMBINED DEMAND (B)		METER SIZE