



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"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of PUBLIC hydrants _____ AND/OR Number of PRIVATE hydrants _____	For HYDRANTS please complete the following: 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. Remarks _____
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PRIVATE FIRE SERVICES	Commercial, multi-family premises (as approved by local fire agency). <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of DEDICATED fire services _____	Remarks _____ _____
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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 DUAL SERVICES _____	For DOMESTIC DUAL SERVICES please complete the following: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">X</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">=</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Sprinkler heads</td> <td></td> <td style="text-align: center;">Demand per head, GPM</td> <td></td> <td style="text-align: center;">Sprinkler Demand</td> </tr> <tr> <td style="text-align: center;"><small>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</small></td> <td></td> <td style="text-align: center;"><small>Flow required for each sprinkler head to operate (in gallons per minute).</small></td> <td></td> <td></td> </tr> </table> Remarks _____	_____	X	_____	=	_____	Sprinkler heads		Demand per head, GPM		Sprinkler Demand	<small>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</small>		<small>Flow required for each sprinkler head to operate (in gallons per minute).</small>		
	_____	X	_____	=	_____												
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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