



2270 Trumble Rd. Perris CA 92570
 P.O. Box 8300 Perris CA 92572-8300
 951-928-3777

DISTRICT USE	Filing Address: _____
	Date Received: _____
	Received By: _____

NEW SERVICE CONNECTION(S) DETAIL INFORMATION SHEET

ANY QUESTIONS REGARDING THIS FORM PLEASE CONTACT NEW BUSINESS DEVELOPMENT DEPARTMENT
 AT 951-928-3777 EXTENSION 2081

REQUEST FOR: WATER ONLY SEWER ONLY WATER AND SEWER
 PROJECT TYPE: MULTI-FAMILY DWELLING COMMERCIAL INDUSTRIAL INSTITUTIONAL

TYPE OF REQUEST: ESTIMATE
 APPLICATION FOR SERVICE, DATE YOU ANTICIPATE MAKING PAYMENT _____

REQUIRED FOR ALL REQUESTS:

APPLICANT NAME		DATE
CONTACT NAME		HOME PHONE NO.
ADDRESS		WORK PHONE NO.
City	ZIP CODE	FAX NUMBER
E-MAIL ADDRESS OF APPLICANT		

OWNER/BILLING		HOME PHONE NO.
CONTACT NAME		WORK PHONE NO.
ADDRESS		FAX NUMBER
CITY	ZIP	
SOCIAL SECURITY NUMBER OR TAX ID AND DRIVERS LICENSE NO. WILL BE REQUIRED AT THE TIME OF PAYMENT		

REQUIRED FOR ALL REQUESTS:

PROJECT NAME		PM/TRACT/APN	
SERVICE ADDRESS		CITY	ZIP
PROJECT LOCATION			
PROJECT DESCRIPTION			
PAD ELEVATIONS (HIGHEST & LOWEST) * PROVIDE MAPS REFERENCING THESE ELEVATIONS			

REQUIRED FOR MULTI FAMILY, COMMERCIAL, INDUSTRIAL & INSTITUTIONAL PROJECTS:

*If any of the following apply applicant will be required to complete and sign an EMWD **Waste Discharge Application** (Onsite Plumbing Plans will also be required):

Questions pertaining to Waste Discharge requirements should be directed to EMWD Source Control Department at 951-928-3777 Extension 6209.

- | | | |
|--|--------------------------|--------------------------|
| Are any sinks other than hand sinks or floor sinks | NO | YES |
| Are floor drains installed in any area other than restrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Is any water discharged to the sewer other than from restrooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any solvents or hazardous materials used or stored at your facility | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a water softener installed at your facility or do you plan to install one | <input type="checkbox"/> | <input type="checkbox"/> |

Landscape Meters: NO YES, TOTAL LANDSCAPE SQUARE FOOTAGE: _____
 Any landscape area totaling 3,000 square feet or more will require applicant to complete and sign an EMWD "**Landscape Irrigation and Water Budget Plan Check Application**" form. Any questions regarding this requirement should be directed to EMWD Conservation Department at 951-928-3777 Extension 4226.

New Business Development
 Eastern Municipal Water District
 951-928-3777 Ext. 2081
 951-928-6118 Fax
 www.emwd.org

REQUIRED FOR MULTI FAMILY, COMMERCIAL, INDUSTRIAL & INSTITUTIONAL (Complete only the applicable items):

FOR COMMERCIAL/INDUSTRIAL PROJECTS:		NUMBER OF BUILDINGS:
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
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BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
BLDG#	BUILDING SQUARE FOOTAGE	PROPOSED USE OF BUILDING
ANY LAWN/GARDENING SALES AREA <input type="checkbox"/> NO <input type="checkbox"/> YES, AREA SQUARE FOOTAGE:		

FOR RESIDENTIAL MULTI-UNIT, APRTMENTS, CONDOMINIUMS, DUPLEXES AND/OR TRIPLEXES		TOTAL NUMBER OF UNITS
NUMBER OF 2+ BEDROOM UNITS	NUMBER OF 1 BEDROOM/STUDIO UNITS	
ANY COMMUNITY AMENITIES <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE DESCRIBE		ZONING TYPE:

FOR MOBILE HOME PARKS, RV PARKS	NUMBER OF DWELLING UNITS
ANY COMMUNITY AMENITIES <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE DESCRIBE	

FOR RESTAURANTS/BARS	SEATING CAPACITY IN RESTAURANT _____ IN BAR _____	SQUARE FOOTAGE
TYPE OF RESTAURANT: (E. G., CASUAL, FAMILY DINING)	MEALS SERVED: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> DINNER	
CHECK APPLICABLE ITEMS ONLY: <input type="checkbox"/> DINE IN _____ % OF DINE IN MEALS <input type="checkbox"/> CARRY OUT _____ % OF CARRY OUT MEALS <input type="checkbox"/> PAPER WRAPPING <input type="checkbox"/> PAPER NAPKINS <input type="checkbox"/> PLASTIC UTENSILS <input type="checkbox"/> DISPOSABLE PLATES _____ % OF MEALS SERVED ON DISPOSABLE PLATES <input type="checkbox"/> CHINA _____ % OF MEALS SERVED ON CHINA <input type="checkbox"/> LINEN TABLECLOTHS <input type="checkbox"/> LINEN NAPKINS		

FOR MOTELS, HOTELS	NUMBER OF ROOMS	NUMBER OF KITCHENETTES
ANY PROPOSED AMENITIES <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE DESCRIBE		

FOR HOSPITAL, NURSING HOMES	NUMBER OF BEDS

FOR DRY CLEANERS, LAUNDROMATS	NUMBER OF MACHINES

FOR SCHOOLS	NUMBER OF STUDENTS	SHOWERS <input type="checkbox"/> NO <input type="checkbox"/> YES	CAFETERIA <input type="checkbox"/> NO <input type="checkbox"/> YES FOOD PREP ON SITE <input type="checkbox"/> NO <input type="checkbox"/> YES

FOR FIRE/POLICE STATIONS	NUMBER OF EMPLOYEES

PLEASE NOTE:

- ◆ ONSITE WATER/SEWER PROFILE MAPS MUST BE SUBMITTED ALONG WITH THIS COMPLETED FORM. CONNECTIONS MUST BE CLEARLY MARKED ON PLANS.
- ◆ DETAILED SERVICE CONNECTION LOCATIONS ARE TO BE MEASURED FROM CENTERLINE OF NEAREST CROSS STREET. BE AS SPECIFIC AS POSSIBLE. CROSS STREETS USED FOR MEASUREMENTS MUST BE VISIBLE ON ONSITE WATER/SEWER PROFILE MAPS PROVIDED. REFER TO PAGE 5 FOR EXAMPLE.
- ◆ PRIVATE ONSITE SYSTEM(S) BEING REQUESTED Must meet Conditions of Approval. "Hold Harmless Agreement" will be required to be executed by landowner in the presence of a notary public.

WATER CONNECTION(S) INFORMATION:

PRIVATE ONSITE WATER SYSTEM(S) REQUESTED: NO YES

NUMBER OF HOT TAPS REQ:	HOT TAP LOCATION(S) WITH MEASUREMENTS:			
REQUESTED METER(S) – PLEASE INCLUDE REQUIRED LANDSCAPE METERS				
METER SIZE	METER TYPE	REQUESTED FLOW	CONNECTION SIZE	METER USE
METER CONNECTION LOCATION WITH MEASUREMENTS				
METER SIZE	METER TYPE	REQUESTED FLOW	CONNECTION SIZE	METER USE
METER CONNECTION LOCATION: WITH MEASUREMENTS				
METER SIZE	METER TYPE	REQUESTED FLOW	CONNECTION SIZE	METER USE
METER CONNECTION LOCATION WITH MEASUREMENTS				
METER SIZE	METER TYPE	REQUESTED FLOW	CONNECTION SIZE	METER USE
METER CONNECTION LOCATION WITH MEASUREMENTS				
METER SIZE	METER TYPE	REQUESTED FLOW	CONNECTION SIZE	METER USE
METER CONNECTION LOCATION WITH MEASUREMENTS				

Please make copies if additional connections are needed

FIRE PROTECTION INFORMATION:

Number of DCDA's:	DCDA SIZE	CONNECTION SIZE	CONNECTION LOCATION WITH MEASUREMENTS
DCDA SIZE		CONNECTION SIZE	CONNECTION LOCATION WITH MEASUREMENTS

Please make copies if additional connections are needed

PUBLIC FIRE HYDRANT INSTALLATIONS:

No. of New Public Fire Hydrants	SIZE	CONNECTION LOCATION WITH MEASUREMENTS
	SIZE	CONNECTION LOCATION WITH MEASUREMENTS

Please make copies if additional connections are needed

SEWER CONNECTION(S) INFORMATION:

PRIVATE ONSITE SEWER SYSTEMS REQUESTED: NO YES

NUMBER OF SEWER LATERALS:		
SEWER LATERAL CONNECTION: <input type="checkbox"/> EXISTING LATERAL <input type="checkbox"/> NEW LATERAL INSTALLATION	SIZE:	
CONNECTION LOCATION WITH MEASUREMENTS:		
SEWER LATERAL CONNECTION: <input type="checkbox"/> EXISTING LATERAL <input type="checkbox"/> NEW LATERAL INSTALLATION	SIZE:	
CONNECTION LOCATION WITH MEASUREMENTS:		

Please make copies if additional connections are needed

ADDITIONAL INFORMATION:

SIGNATURE	DATE
PRINT NAME	

CONNECTION LOCATION MEASUREMENTS

Please provide detailed service connection locations measured from centerline of nearest Cross Street. Be as specific as possible. Cross Streets used for measurements must be visible on Onsite Profile Maps submitted to EMWD. Example as follows:

90 feet East of Anthony St. on South side of Tobey St.

