



Submittal Requirements for Project Connection(s)

-For projects acquiring domestic water and/or sewer service connections from existing EMWD facilities-

A. ANY PROJECTS REQUIRING NEW SERVICE CONNECTIONS REQUIRE A COMPLETED “PROJECT CONNECTION(S) FORM” ALONG WITH THE FOLLOWING:

- DEPOSIT FOR ENGINEERING REVIEW OF \$500.00** (Please note: Deposit cannot be accepted unless all requested items are submitted)
- 8 ½” x 11” PROJECT VICINITY MAP**
- TITLE SHEET – TWO SETS**
- INDEX MAP – TWO SETS**
- STREET IMPROVEMENT PLANS – ONE SET**
- PLOT PLAN – ONE SET**
- SITE PLANS- TWO SETS** (SITE PLANS MUST INCLUDE POINT OF CONNECTION(S) TO EXISTING FACILITIES/CONNECTIONS, ONSITE WATER AND/OR SEWER FACILITIES, AND ALL BUILDINGS WITH PROPOSED USE AND SQUARE FOOTAGES (PLEASE INCLUDE EXISTING, NEW, FUTURE BUILDINGS). **NOTE:** EMWD DOES NOT INSPECT ONSITE PRIVATE WATER AND/OR SEWER SYSTEMS HOWEVER EMWD DOES REQUIRE THAT THERE IS NO CROSS-CONNECTIONS ONSITE. EACH CONNECTION MUST MAINTAIN THEIR SEPARATE SYSTEMS ONSITE (I.E., DOMESTIC POTABLE, FIRE SERVICES MUST BE ON DUAL SYSTEM ONSITE THE SAME APPLIES TO LANDSCAPE CONNECTIONS).
- REDLINED EMWD DRAWINGS – TWO SETS – APPLICANT TO REDLINE ALL NEW PROPOSED CONNECTIONS** (CONNECTIONS MUST BE REDLINED AS PER EMWD STANDARDS AND SPECIFY STANDARD NO.)
 - TO REQUEST COPIES OF DRAWINGS FOR EXISTING FACILITIES PLEASE CONTACT EMWD MAPS AND RECORDS DEPT. AT 951-928-3777 EXT. 4416, 4873, 4423 OR 4429.
 - EMWD STANDARDS CAN BE OBTAINED THROUGH EWMD’S WEBSITE (WWW.EMWD.ORG) OR A PRINTED COPY OF EMWD STANDARD WATER AND SEWER ENGINEERING SPECIFICATIONS BOOK IS AVAILABLE FOR PURCHASE AND CAN BE ORDERED BY CALLING 951-928-3777 EXT. 4860.
- COPY OF RECORDED GRANT DEED TO PROPERTY (IES) INVOLVED WITH PROJECT.**
- ADDRESS SEQUENCE SHEET WITH PROPOSED USE – SEE ATTACHMENT “A” FOR EXAMPLE**

B. LANDSCAPE SERVICE CONNECTION(S)

COMPLETED PAGES 1-5 OF THE “PROJECT CONNECTION(S) FORM” IS TO BE SUBMITTED ALONG WITH THE FOLLOWING:

(If landscape service connection does not already exist items checked off on Section A will be required along with Site Map noted below):

- 8 ½ X 11 copy of EMWD drawing reflecting existing service connection to be utilized.
- Site map - 8 ½” x 11” reflecting accurate landscape square footage, depicting Functional Turf (a landscape turf area that serves as a surface for such purposes as playing a sport or gathering for group activities) and Non-Functional Turf (a landscape turf area that includes trees, shrubs and ground cover that is used for aesthetic purposes).

Once all required submittals have been provided EMWD will conduct an initial review and provide you with an “APPLICATION FOR SERVICE” packet. This packet will advise you of the total due and instructions on how to proceed with your project through EMWD. TO AVOID ANY DELAYS TO YOUR PROJECT PLEASE ENSURE THAT YOU HAVE SUBMITTED ALL REQUIREMENTS NOTED ABOVE.

PLEASE NOTE:

IF YOUR PROJECT REQUIRES ANY WORK WITHIN ANY RIGHT OF WAY, INSURANCE REQUIREMENTS WILL NEED TO BE MET BY YOUR CONTRACTOR. WHILE PROOF DOES NOT NEED TO BE SUBMITTED AT THIS TIME IT WILL BE REQUESTED ON THE “APPLICATION FOR SERVICE PACKET” (IF APPLICABLE). IT IS RECOMMENDED THAT YOU REVIEW EMWD INSURANCE REQUIREMENTS NOTED ON EXHIBIT “B”, THE SERVICE ORDER(S)/CONSTRUCTION ORDER(S) WHICH ARE REQUIRED TO BE REFERENCED ON THE CERTIFICATE OF INSURANCE WILL BE NOTED ON THE UPPER RIGHT HAND CORNER OF YOUR “APPLICATION FOR SERVICE” WHICH IS PROVIDED TO YOU AFTER YOUR SUBMITTAL REQUIREMENTS ARE SUBMITTED AND REVIEWED BY EMWD.



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

PROJECT CONNECTION(S) FORM

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

REQUEST FOR: WATER AND SEWER WATER ONLY SEWER ONLY: PLEASE NOTE NAME OF AGENCY PROVIDING WATER: _____
PROJECT TYPE: NEW CONSTRUCTION LANDSCAPE
TYPE OF REQUEST: ESTIMATE
 APPLICATION FOR SERVICE, DATE YOU ANTICIPATE MAKING PAYMENT _____

PLEASE NOTE NAME(S) OF E.M.W.D. EMPLOYEES YOU HAVE MADE CONTACT WITH REGARDING THIS SUBMITTAL/PROJECT AND DATE(S) OF CONTACT:

REQUIRED FOR ALL REQUESTS:

APPLICANT NAME (COMPANY NAME)		DATE
CONTACT NAME		WORK PHONE NO.
ADDRESS		CELL PHONE NO.
City	ZIP CODE	FAX NUMBER
E-MAIL ADDRESS		

FINANCIAL RESPONSIBLE PARTY (COMPANY NAME)		
CONTACT NAME		WORK PHONE NO.
ADDRESS		CELL PHONE NO.
CITY	ZIP	FAX NUMBER
E-MAIL ADDRESS		

REQUIRED FOR ALL REQUESTS:

PROJECT NAME		PM/TRACT/APN	
SERVICE ADDRESS		CITY	ZIP
PROJECT LOCATION			
PROJECT DESCRIPTION			
THOMAS GUIDE REFERENCE			
ANTICIPATED CONSTRUCTION START DATE:		ANTICIPATED CONSTRUCTION COMPLETION DATE:	

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** in addition to completing this form (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.

- | | | |
|--|--------------------------|--------------------------|
| | NO | YES |
| Are any sinks other than hand sinks or floor sinks | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |

TOTAL LANDSCAPE SQUARE FOOTAGE: _____

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

SECTION I – LANDSCAPE CONNECTIONS

Any landscaping area totaling 3,000 square feet or more shall be supplied through a separate metered service connection.
(Any questions regarding this requirement should be directed to EMWD Water Resources Department at 951-928-3777 Extension 4387)

LANDSCAPE ARCHITECT:		
CONTACT NAME		WORK PHONE NO.
ADDRESS		CELL PHONE NO.
City	ZIP CODE	FAX NUMBER
E-MAIL ADDRESS		

LANDSCAPE CONTRACTOR:		
CONTACT NAME		WORK PHONE NO.
ADDRESS		CELL PHONE NO.
CITY	ZIP	FAX NUMBER
E-MAIL ADDRESS		

LANDSCAPE METER NO. 1	(IF APPLICABLE) TRACT NO.:	PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	METER SERVES	CONNECTION SIZE	METER SIZE
LANDSCAPE AREA (SQ.FT.) TO BE SERVED BY THIS METER:			REQUESTED FLOW (gpm)
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			SERVICE ORDER NO. (TO BE ISSUED BY EMWD):
EMWD Drawing No.:		Station of existing/proposed connection:	
CONNECTION LOCATION			
LANDSCAPE METER NO. 2	(IF APPLICABLE) TRACT NO.:	PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	METER SERVES	CONNECTION SIZE	METER SIZE
LANDSCAPE AREA (SQ.FT.) TO BE SERVED BY THIS METER:			REQUESTED FLOW (gpm)
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			SERVICE ORDER NO. (TO BE ISSUED BY EMWD):
EMWD Drawing No.:		Station of existing/proposed connection:	
CONNECTION LOCATION:			
LANDSCAPE METER NO. 3	(IF APPLICABLE) TRACT NO.:	PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	METER SERVES	CONNECTION SIZE	METER SIZE
LANDSCAPE AREA (SQ.FT.) TO BE SERVED BY THIS METER:			REQUESTED FLOW (gpm)
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			SERVICE ORDER NO. (TO BE ISSUED BY EMWD):
EMWD Drawing No.:		Station of existing/proposed connection:	
CONNECTION LOCATION:			

Please make copies if additional connections are needed

Note 1: For existing connections a station is found on EMWD drawings, for new proposed connections applicant must determine station utilizing centerline station of nearest cross street as noted on EMWD drawings.

Note 2: Station conversion into footage for location of connection (i.e. S/S of Tobey St, 60' E/Anthony St Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION I – LANDSCAPE CONNECTIONS – CONT'D

EASTERN MUNICIPAL WATER DISTRICT LANDSCAPE IRRIGATION WATER BUDGET AGREEMENT

The intent of the Landscape Irrigation Water Budget Agreement is to provide information for a water budget and to ensure that all individually metered landscape/irrigation projects comply with EMWD’s Landscape / Irrigation Ordinance 72. All new landscape accounts will be assigned a water budget based on current state regulations and the Best Management (conservation) Practices (BMPs).

Prior to the issuance of landscape meter(s), the following shall be agreed to:

- 1) Any landscape project with a total area greater than or equal to 3,000 square feet shall be supplied through a separate metered service connection.
- 2) Onsite irrigation systems served from one irrigation meter **cannot** be connected to another irrigation system supplied from a different meter.
- 3) Owner or representing agent shall complete and submit to EMWD prior to meter release the required “Site Usage Analysis” form, and a site map (8 1/2 x 11 sheet of paper) that shows accurate landscape square footage, depicting Functional Turf (a landscape turf area that serves as a surface for such purposes as playing a sport or gathering for group activities) and Non-Functional Turf (a landscape turf area that includes trees, shrubs and ground cover that is used for aesthetic purposes). See attached examples.
- 4) EMWD will provide owner or representing agent with an Estimated Annual Water Budget and monthly targets to be used as a guide in the scheduling of the irrigation system.
- 5) EMWD provides a six (6) month landscape establishment period. This is a one time establishment period intended to allow for plant establishment, irrigation tuning and system adjustments.
- 6) Owner or representing agent shall notify EMWD of any and all changes pertaining to this agreement.
- 7) EMWD will not approve, ensure the adequacy, efficiency, or functional ability of any landscape or irrigation system.

BY SIGNING BELOW I CONSENT THAT I HAVE READ THE FOREGOING AND HEREBY ACCEPT AND AGREE TO THE PROVISIONS SET FORTH IN THIS AGREEMENT.

OWNER OR REPRESENTING AGENT SIGNATURE	DATE
PRINT NAME	

EMWD REPRESENTATIVE SIGNATURE	DATE
PRINT NAME	

SECTION I – LANDSCAPE CONNECTIONS – CONT'D

Eastern Municipal Water District
 P.O. Box 8300, Perris, CA 92572-8300
 Phone: (951) 928-3777, Ext. 4387 Fax: (951) 928-6120

****ANY QUESTIONS ON COMPLETING THIS SECTION YOU MAY CONTACT EMWD'S CONSERVATION DEPARTMENT AT EXTENSION 4387****

Date: January 8, 2007

Landscape Architect:
Howard Long RLA # 1234
1234 Fairview Way
Riverside, CA 92501
Work: (951) 787-0000
Fax: (951) 787-0001

EMWD CONSERVATION USE ONLY	
SO#	_____
PLAN CHECK #	_____
AMAWB #	_____ ET ZONE: _____

SITE USAGE ANALYSIS

<u>Project Name:</u> Sundance High School Valley High Unified School District	<u>Total Acres & Square Feet:</u> 57.8 / 2,517,768 sq. ft.
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Functional Turf: (Square Feet)

Football field	102,000
Softball field	85,400
Baseball field	523,200
Outdoor theatre	49,000
Sub-Total:	759,600

Non-Functional Turf: (Square Feet)

Around building	130,500
Street entry	9,000
Shrubs & trees	120,300
Open areas: fire break, environmental issues, deed restrictions	6,000
Other:	0
Sub-Total:	265,800

Permanent Building Area (Sq. ft.)

Offices, classroom, gymnasium	355,878
Pool(s) or Water features (Surface Area Sq. Ft.)	Gallons (or) W x L x Avg Depth

Hardscape Areas (Sq. ft)

Parking lot, tennis courts, sidewalks, etc.	1,136,490
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Note: The required "Site Usage Analysis" form will be used to calculate the Annual Maximum Allowable Water Budget (AMAWB). Please submit one "Site Usage Analysis" for each metered account.

Landscape Explanations

Functional Turf: a landscape turf area that serves as a surface for such purposes as playing a sport or gathering for group activities.

Non-Functional Turf: a landscaped turf area that includes trees, shrubs and ground cover that is used for aesthetic purposes.

SECTION I – LANDSCAPE CONNECTIONS – CONT'D



Eastern Municipal Water District
 P.O. Box 8300, Perris, CA 92572-8300
 Phone: (951) 928-3777, Ext. 4387
 Fax: (951) 928-6120

****ANY QUESTIONS ON COMPLETING THIS SECTION YOU MAY CONTACT EMWD'S CONSERVATION DEPARTMENT AT EXTENSION 4387****

Date: _____

Landscape Architect:

Name: _____

Address: _____

City, State, Zip: _____

Work: () _____

Fax: () _____

EMWD CONSERVATION USE ONLY	
SO# _____	
PLAN CHECK # _____	
AMAWB # _____	ET ZONE: _____

SITE USAGE ANALYSIS

<u>Project Name:</u>	<u>Total Acres & Square Feet:</u>
	/

(Square Feet)

Functional Turf:	
Sub-Total:	

(Square Feet)

Non-Functional Turf:	
Shrubs & Trees:	
Planters:	
Other:	
Sub-Total:	

Permanent Building Area (Sq. ft.)

Pool(s) or Water features (Surface Area Sq. Ft.)	Gallons (or) W x L x Avg Depth

Hardscape Areas (Sq. ft)

Sub-Total:	

Note: The required "Site Usage Analysis" form will be used to calculate the Annual Maximum Allowable Water Budget (AMAWB). Please submit one "Site Usage Analysis" for each meter account.

Landscape Explanations

Functional Turf: a landscape turf area that serves as a surface for such purposes as playing a sport or gathering for group activities.

Non-Functional Turf: a landscaped turf area that includes trees, shrubs and ground cover that is used for aesthetic purposes.

SECTION 2 – INFORMATION REGARDING YOUR PROJECT**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
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:		

Please make copies if additional connections are needed

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		DAYS & HOURS OF OPERATON

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

SECTION 3 - DOMESTIC WATER CONNECTION(S)PRIVATE ONSITE WATER SYSTEM(S) REQUESTED: NO YES

NUMBER OF HOT TAPS REQ:				
METER NO. 1	(IF APPLICABLE) TRACT NO.:		PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	METER SIZE	REQUESTED FLOW (gpm)	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this meter will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				
METER NO. 2	(IF APPLICABLE) TRACT NO.:		PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	METER SIZE	REQUESTED FLOW (gpm)	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this meter will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				
METER NO. 3	(IF APPLICABLE) TRACT NO.:		PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	METER SIZE	REQUESTED FLOW (gpm)	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this meter will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				
METER NO. 4	(IF APPLICABLE) TRACT NO.:		PHASE NO:	LOT NO.
SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	METER SIZE	REQUESTED FLOW (gpm)	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this meter will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				

Please make copies if additional connections are needed

Note 1: For existing connections a station is found on EMWD drawings, for new proposed connections applicant must determine station utilizing centerline station of nearest cross street as noted on EMWD drawings.

Note 2: Station conversion into footage for location of connection (i.e. S/S of Tobey St, 60' E/Anthony St Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION 4 - FIRE PROTECTION INFORMATION:**A. DETECTOR CHECK CONNECTIONS**

NUMBER OF DCDA's:				
DCDA. 1	SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	DCDA SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this DCDA will serve (i.e., Entire project, Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				
DCDA. 2	SERVICE CONNECTION EXIST? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	DCDA SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
METER SERVES, be specific as to what this DCDA will serve (i.e., Entire project, Bldg A & B, Pad A, Shops A & B etc....):				
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):				
EMWD Drawing No.:		Station of existing/proposed connection:		
CONNECTION LOCATION:				

Please make copies if additional connections are needed

B. PUBLIC FIRE HYDRANT INSTALLATIONS

NUMBER OF PUBLIC FIRE HYDRANTS REQ (please do not include private onsite fire hydrants only public hydrants):			
Public Hydrant 1	SIZE	CONNECTION SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			
EMWD Drawing No.:		Station of proposed connection:	
FIRE HYDRANT LOCATION:			
Public Hydrant 2	SIZE	CONNECTION SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			
EMWD Drawing No.:		Station of proposed connection:	
FIRE HYDRANT LOCATION:			

Please make copies if additional connections are needed

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Note 2: Station conversion into footage for location of connection (i.e. S/S of Tobey St, 60' E/Anthony St Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

SECTION 5 - SEWER CONNECTION(S):

PRIVATE ONSITE SEWER SYSTEMS REQUESTED: NO YES

NUMBER OF SEWER LATERALS:			
SEWER LATERAL. 1	(IF APPLICABLE) TRACT NO.:	PHASE NO:	LOT NO.
EXISTING SEWER LATERAL CONNECTION ? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.	
CONNECTION SERVES, be specific as to what this sewer connection will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):			
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			
EMWD Drawing No.:		Station of existing/proposed connection:	
CONNECTION LOCATION:			
SEWER LATERAL. 2	(IF APPLICABLE) TRACT NO.:	PHASE NO:	LOT NO.
EXISTING SEWER LATERAL CONNECTION ? <input type="checkbox"/> NO <input type="checkbox"/> YES	CONNECTION SIZE	<u>EMWD USE ONLY:</u> SERVICE ORDER NO.	
CONNECTION SERVES, be specific as to what this sewer connection will serve (i.e., Bldg A & B, Pad A, Shops A & B etc....):			
EMWD FACILITIES INFORMATION (REFER TO NOTES 1 & 2 BELOW TO ASSIST IN COMPLETING THIS SECTION AND LOCATION INFO):			
EMWD Drawing No.:		Station of existing/proposed connection:	
CONNECTION LOCATION:			

Please make copies if additional connections are needed

Note 1: For existing connections a station is found on EMWD drawings, for new proposed connections applicant must determine station utilizing centerline station of nearest cross street as noted on EMWD drawings.

Note 2: Station conversion into footage for location of connection (i.e. S/S of Tobey St, 60' E/Anthony St Centerline). Centerline used for this calculation is to be the same centerline used to determine station for proposed connections.

ADDITIONAL INFORMATION:

SIGNATURE	DATE
PRINT NAME	

**ATTACHMENT "A"
ADDRESS SEQUENCE LIST - EXAMPLE**

	Address	Ste	Proposed Use	Proposed Tenant (if known)	SqFt
Pad A	1234 ANY ST., Any City CA 92548		Restaurant		2,626
Building B	1254 ANY ST., Any City CA 92548	B1	Retail		1,600
		B2	Retail		2,000
		B3	Retail		1,500
Building C	1274 ANY ST., Any City CA 92548	C1	Retail		2,500
		C2	Retail		1,500
		C3	Retail		1,500
Building D	1294 ANY ST., Any City CA 92548	-	Retail		14,820
Building E	1314 ANY ST., Any City CA 92548	E1	Retail		1,750
		E2	Retail		1,250
		E3	Retail		2,000
Pad F	1334 ANY ST., Any City CA 92548	-	Retail		2,250
Building G	1354 ANY ST., Any City CA 92548	-	Retail		3,750
Shops H	1374 ANY ST., Any City CA 92548	H1	Retail		1,300
		H2	Retail		1,800
		H3	Retail		1,000
		H4	Retail		1,300
Building I	1394 ANY ST., Any City CA 92548		Retail		44,696
Shops J	1414 ANY ST., Any City CA 92548	J1	Retail		1,000
		J2	Retail		1,100
		J3	Retail		1,200
		J4	Retail		1,500
Building K	1434 ANY ST., Any City CA 92548	-	Retail		5,500

**EXHIBIT “B”
INSURANCE REQUIREMENTS
REQUEST TYPE: SERVICE CONTRACT**

Please note: These requirements are provided to assist you in obtaining the proper insurance coverage required for the type of request you have applied for. These requirements may differ if you have in the past or will have in the future projects where the scope of your request is different from that which you have currently requested.

Payment for your project will not be accepted unless Certificate of Insurance coverage in accordance with these requirements is presented at the time of payment. These requirements shall remain in full force until all work related to your Application is completed. Failure to maintain these insurance requirements will result in delay of your project until requirements have been satisfied.

Applicant or Applicant’s contractor and each of his subcontractors, shall:

Obtain all policies of insurance required hereunder, project will not be accepted until all policies of insurance required of the contractor/subcontractor have been obtained;

During the life of this contract, notify District in writing of any incident, either under his jurisdiction, or any of his subcontractors, giving rise to any potential Bodily Injury or Property Damage claim and any resultant settlements, whether in conjunction with this or any other project which may affect the limits of the required coverage, as soon as is reasonable and practical;

Take out and maintain the following policies of “occurrence form” type insurance, with coverages acceptable to the District, at his sole cost and expense at all times during the life of this contract, including the entire time of the Contractor’s guarantee;

Not cancel, reduce in coverage or limits until thirty (30) days after receipt by the District of a written notice of such cancellation or reduction of coverages or limits, as evidenced by receipt of a registered letter;

Obtain prior approval from EMWD if the coverage or limits of the policy or the carrier has changed;

Show evidence of renewal of an expiring policy once the insurance has been approved by the District.

EXPLANATION OF CERTIFICATE OF INSURANCE LIMITS AND REQUIREMENTS ARE AS FOLLOWS:

I. COMPANIES AFFORDING COVERAGE:

1. **Companies/Insurers affording coverage must:**
 - a. **Be Licensed to transact insurance business in California; and**
 - b. ***Rated no less than A-, Class VII (7) by the A.M. Best Company.**

*Certificate of insurance must clearly disclose the name of the insurance carrier along with that company’s NAIC# or A.M. Best #.

Any insurance carrier, which is strategically affiliated with a parent insurance company or insurance group, must disclose the name of the parent company or group in any certificate of insurance documentation provided to the District.

2. **Non-admitted/Surplus Lines insurance carriers** (carriers not licensed in the State of California), may be acceptable to the District under certain conditions. Non-admitted insurance carriers providing any form of insurance coverage must be:

- a. Domiciled in the United States; and,
 - b. Listed as an approved insurance carrier on the California Department of Insurance L.E.S.L.I. list (if companies affording coverage are part of Lloyds of London Syndicates then all syndicates must be listed along with their syndicate number); and,
 - c. *Rated no less than A-, Class VII (7) by the A.M. Best Company.
*Certificate of insurance must clearly disclose the name of the insurance carrier along with that company's NAIC# or A.M. Best #.
3. **Risk Retention Groups and Captive Insurance carriers are not acceptable.**

II. REQUIRED LIMIT AMOUNTS:

1. **Commercial Liability Insurance.** The Contractor shall procure and maintain Commercial Liability Insurance in amounts not less than the following:

\$1,000,000 Each Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products-Completed Operations Aggregate

Where excess liability insurance is used in connection with primary liability insurance the combination of such must allow total limits of liability to be in amounts not less than the above specified amounts.

2. **Automobile Liability Insurance.** The Contractor shall procure and maintain Automobile Liability Insurance in amounts not less than the following:

\$1,000,000 Combined Single Limit
Insurance coverage type must include one of the following;

- a. "Any Auto"
- b. "All Owned Autos" AND "Hired Autos" AND "Non-Owned Autos"

If insured does not own any commercial vehicles, coverage for "Hired Autos" AND "Non-Owned Autos" is still required.

3. **Excess/Umbrella:** Where excess liability insurance is used in connection with primary liability insurance the combination of such must allow total limits of liability to be in amounts not less than the above specified amounts.

III. EMWD AS ADDITIONAL INSURED ENDORSEMENT REQUIREMENTS:

Name and list the District as "Additional Insured" by utilizing endorsement form CG 20 10 11/85 or CG 20 10 10/01 with CG 20 37 10/01 to **include Completed-Operations and product beyond the completion date. Ongoing work and/or complete operations and product or arising out of your work.**

Endorsements specifying any wording to the affect that the applicable limits of liability shall not be increased by the inclusion of Additional Insured(s) under policy; or indemnification of the Additional Insured through proportionate indemnity share, are not acceptable .

Endorsements are required to accompany the certificate.

IV. Workers' Compensation Insurance.

The District requires that Contractor cover his employees as required by Section 3700 of the Labor Code of the State of California, and Contractor shall require all subcontractors similarly to provide such workers' compensation insurance for all subcontractors' employees. Such policy shall contain an endorsement that waives all right of subrogation against those persons or entities designated in the policy of Commercial Liability Insurance.

Application for Service Insurance Requirements

web version

ACORD CERTIFICATE OF LIABILITY INSURANCE revised: 06/2006

PRODUCER

INSURED: **CONTRACTOR**
Mailing Address
City, ZIP

INSURERS AFFORDING COVERAGE

INSURER A: All companies listed in
INSURER B: this sec. must be rated
INSURER C: A- VII or/better in the
INSURER D: current Best Insurance
INSURER E: Rating Guide

NAIC# OR A.M. BEST # REQUIRED for all companies noted. REFER TO SECTION I ABOVE

Refer to companies affording coverage requirements -SECTION I ABOVE

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
1	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC	See notes 1			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
2	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
3	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
4	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
5	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	See note 2			<input checked="" type="checkbox"/> 10/STAND-TORT/LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

Per "occurrence" required, limits shown here are minimum required - REFER TO SECTION II.1 ABOVE

Refer to Automobile Liability requirements - SECTION II.2 ABOVE.

Certificate of Workers Comp Insurance needs to accompany Certificate of Liability and must contain endorsement providing entitlement to EMWD for Waiver of Subrogation. REFER TO SECTION IV ABOVE.

*Your project will be assigned Service Orders and/or Construction Order number(s) and will be provided on the Service Contract. All assigned Service Orders and/or Construction Order numbers and the project name must be referenced on your certificate.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

S.O.s and/or C.O.s and project name: _____

Note 1. EMWD named as Additional Insured per endorsement CG2010 (11/85) OR CG 2010 (10/01) with CG2037 (10/01).
 Note 2. Waiver of Subrogation endorsement for Workers Compensation in favor of EMWD.
 Endorsement copies called out in Note 1 and 2 are required with certificate.

EMWD named additionally insured and Endorsements must be called out. Endorsements must also accompany Certificate of Liability. Refer to endorsements requirements SECTION III ABOVE.

CERTIFICATE HOLDER

Additional INSURED
 Eastern Municipal Water District
 P/O/ Box 8300
 Perris, Ca 92572-8300
 Attn: New Business
 7-04

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

EMWD named as additionally insured and certificate holder. REFER TO SECTION III ABOVE.

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED — OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Person or Organization:	SCHEDULE	LOCATION OF COVERED OPERATIONS:
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name of Person or Organization:</p>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. **Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.
- B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:
 - 2. **Exclusions**

This insurance does not apply to “bodily injury” or “property damage” occurring after:

 - (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (2) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
Location And Description of Completed Operations:
Additional Premium:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II - Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".