

**IF THERE IS AN EXISTING TAP & THAT IS NOT BEING SEVERED AT THE TIME OF THE NEW TAP, A \$4,000 DEPOSIT IS REQUIRED UNTIL YOU DO A TAP SHUT OFF**



## DEMAND FORM AND WILL SERVE LETTER APPLICATION

### General Information:

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Project to be supplied by this connection (check all that apply):

- Residential       Commercial       Industrial       Public Authority

### Service Information:

Fire Demand:

Size: \_\_\_\_\_ Peak Flow: \_\_\_\_\_ GPM at Residual (PSI) at street connection: \_\_\_\_\_

Length of Proposed Fire Service Line: \_\_\_\_\_ Diameter of Proposed Fire Service Line: \_\_\_\_\_

Domestic Demand:

Size: \_\_\_\_\_ Peak Flow: \_\_\_\_\_ GPM at Residual (PSI) at street connection: \_\_\_\_\_

Length of Proposed Domestic Service Line: \_\_\_\_\_ Diameter of Proposed Domestic Service Line: \_\_\_\_\_

Irrigation Demand: \_\_\_\_\_ GPD      Peak Flow: \_\_\_\_\_ GPM

Fire Hydrant (Only if hydrant is required):

Quantity: \_\_\_\_\_ Flow: \_\_\_\_\_ GPM

**Plumbing and Fire Sprinkler (MEP or Sprinkler/Fire Designer must complete form & sign):**

Printed Name: \_\_\_\_\_ License # \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Domestic Service is desired, please fill out the worksheet below

## DOMESTIC DEMAND WORKSHEET

**Site Elevations:**

High: \_\_\_\_\_ ft. Low: \_\_\_\_\_ ft.

Datum Elevation (USGS): \_\_\_\_\_

**Commercial/Industrial/Public Authority Use:**

Building Size: \_\_\_\_\_ SF

Average Day Demand: \_\_\_\_\_ gal/day

Maximum Day Demand: \_\_\_\_\_ gal/day

**Maximum Day Demand = Average Day Demand x2**

and/or

**Residential Use:**

Number of Units: \_\_\_\_\_

Number of Studios: \_\_\_\_\_ One Bedroom: \_\_\_\_\_ Two Bedrooms: \_\_\_\_\_

Total Number of Bedrooms: \_\_\_\_\_

Average Day Demand: \_\_\_\_\_ gal/day

Maximum Day Demand: \_\_\_\_\_ gal/day

**Maximum Day Demand = Average Day Demand x2**

**Note: This application will NOT be processed unless it is completely filled out and signed, a copy of utility site plans including elevation contours must be included. If you are requesting a fire service, a fire flow test may be required.**

This application will be processed upon receipt of this information to verify the proper size of your service. It is the responsibility of the fire sprinkler designer to assure that adequate flow and pressure is available to meet the proposed fire demand. Please provide the information requested above and return the completed form to the attention of Aquarion Water Company, New Services Department, 600 Lindley Street, Mail-Stop 800, Bridgeport, CT 06606-5991 or can be emailed to New Services at [newservices@aquarionwater.com](mailto:newservices@aquarionwater.com). Thank you!