GREATER CINCINNATI WATER WORKS

CROSS CONNECTION QUESTIONNAIRE/APPLICATION FOR WATER SERVICE

DOMESTIC WATER SERVICE and METER

Premise Address _____ Lot # _____ Application Date _____ Branch Number _____

Branch Size _____ Meter Size _____ Water Main Size _____ Meter Type_____ Meter Number _____ Community _____

Type of Service: Domestic only ___ Irrigation only ___ Other_____ **OR** Dual Service ___ Tri -Service ___: Domestic Irrigation Fire
(circle two or three)

Branch Location: N-S-E-W side of _____, _____ feet N-S-E-W of ____ fire hydrant(s) N-S-E-W of_____
(circle one) (Street name) (circle one) (circle one) (cross street name)

If domestic is part of a dual service branch please specify if left or right of fire branch: _____

Any existing water service/source of water? Cincinnati____ Existing Branch #_____ Well_____ Cistern_____ Lake/Pond _____Other_____

Will the existing water source be discontinued when new branch is installed? Y/N ____ If yes, how will it be discontinued? _____

Plumbing Contractor's Name: _____ **Plumbing Contractor's Address:** _____

Phone # _____ **Fax #**_____ **Email:**_____

Owner's Name: _____ **Owner's Address:** _____
(Number and Street) (City) (State) (Zip)

Owner's Phone # _____**Owner's email**_____

General Contractor's (GC) Name: _____ **GC's Phone Number** _____ **GC's Fax Number** _____

Type of Premise: _____ How many stories? _____
(Residential or Commercial or other)

Peak water demand in gpm: _____ Minimum water demand in gpm: (Not zero) _____
Proposed continuous flow in gpm:_____ The low and high normal flows in gpm:_____
Needed system pressure in psi: _____ Needed flow at meter in gpm: _____
How did you determine your demands: Manual ___Spreadsheet ___ Model ____ Is Branch 4" or larger? Y / N If Yes, **ATTACH CALCULATIONS**

Are there any fire protection sprinkler heads taken off the domestic water supply? Y/N_____ If yes, how many sprinkler heads? _____
If Residential, how many Family Units? _____If Commercial, how will the premises be used?_____
List all types of water using equipment and/or fixtures: _____

Is there an underground lawn sprinkling system? _____ Are there self draining drinking fountains, hydrants, or hose boxes?_____

Is there a boiler? _____ If yes, is there chemical treatment of the boiler? _____ What type of chemical treatment? _____
Is there a cooling tower? _____ If yes, is there chemical treatment of the tower? _____ What type of chemical treatment? _____

Is there a swimming pool? _____ If yes, is it filled by hose or piped connection? _____ If a piped connection, is there an air gap at the pool? ___

Are pumps used on the water supply? ____If so, what is their capacity in GPM? _____ Do they take direct suction from City water? _____

Are there any water storage tanks on the premises? _____ If so, what type: gravity ____ pressure____ reservoir_____ other: _____
What is the capacity in Gallons? _____Is the tank covered? _____ Is the tank filled with City water? ____ If not, what is the water source?_____

Additional Information _____

GREATER CINCINNATI WATER WORKS

CROSS CONNECTION QUESTIONNAIRE/APPLICATION FOR WATER SERVICE

FIRE PROTECTION SERVICE and METER

Premise Address _____ Lot # _____ Application Date _____ Branch Number _____

Branch Size _____ Meter Size _____ Water Main Size _____ Meter Type_____ Meter Number _____ Community _____

Any existing water service/source of water? Cincinnati____ Existing Branch #_____Well_____ Cistern_____ Lake/Pond ____ Other _____

Type of Service: Fire only___ Other: _____ **OR** Dual Service ___ Tri Service ___: Domestic Irrigation Fire
(circle two or three)

Branch Location: N-S-E-W side of _____, _____feet N-S-E-W of ____ fire hydrant(s) N-S-E-W of _____
(circle one) (Street name) (circle one) (circle one) (Cross Street name)

Fire Protection Contractor's Name: _____ **Fire Protection Contractor's Address**: _____

Phone # _____ **Fax #** _____ **Email**: _____

Owner's Name: _____ **Owner's Address:** _____
(Number and Street) (City) (State) (Zip)

Owner's Phone #:_____ **Owner's email**: _____

General Contractor's (GC) Name: _____ **GC's Phone Number** _____ **GC's Fax Number** _____

Type of Premise: _____ How many stories? _____
(Residential or Commercial or Other)

What is the Needed Fire Flow (gpm) at 20 psi **at the street** required by the Local Fire Dept. to fight a fire for this development? _____

What pressure (psi) and flow (gpm) are needed **at the meter** to fully operate the proposed **or** existing sprinkler system?:_____

How did you determine your demands? Manual ___Spreadsheet ___ Model ____ Is Branch 4" or larger? Y / N If Yes, **ATTACH CALCULATIONS**

Are pumps used on the water supply? _____ If so, what is their capacity in gpm? _____ Do they take direct suction from city water? Y/N ____

What type of fire suppression system will be installed? Dry Sprinkler ___ Wet Sprinkler ___ Dry Riser ___Wet Riser ___Hose Cabinets ___Other _____

Are there now or will there be any anti-freeze legs? Y/N _____ If yes, what type of antifreeze will be used? _____

Are there any fire protection sprinkler heads taken off the domestic water supply? Y/N_____ If yes, how many fire sprinkler heads? _____

Are there any private fire hydrants on this service? Y/N _____ If yes, will the fire hydrants have their self draining ports plugged? _____

Are there any water storage tanks on the premises? Y/N_____ If yes, what type: gravity____ pressure ____ reservoir ____ other _____
What is the capacity in Gallons? _____ Is the tank covered? _____ Is the tank filled with City water? Y/N ____ If No, then what is the water source?_____

Is there any other water using equipment or fixtures other than what is mentioned above? Y/N_____ If yes, please list them _____

Additional Information _____ 12/06

(OVER)