

APPLICATION FOR NEW SERVICE INSTALLATION (\$30.00 PROCESSING FEE PER ACCOUNT)

SERVICE ADDRESS: _____ ZIP CODE _____

LOT # _____ TRACT _____ PALM SPRINGS CATHEDRAL CITY APN # _____

USE: TYPE: (REQUIRED FOR DATA PROCESSING)

- RESIDENTIAL SINGLE FAMILY CONDO MULTI FAMILY # OF UNITS _____
- APARTMENT DUPLEX TRAILER PARK
- COMMERCIAL HOTEL MOTEL MEDICAL CLINIC GOLF COURSE
- RETAIL / MFG (EXCEPT LOW USE) OTHER _____
- INSTITUTIONAL LIBRARY PARK FIRE STATION SCHOOL
- HOSPITAL CEMETERY OTHER _____

IRRIGATION ONLY YES NO

APPLICANT NAME: _____ PHONE # _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

APPLICANT HEREBY AGREES TO ABIDE BY ALL OF THE LAWS, RULES, REGULATIONS, ORDINANCES, RESOLUTIONS, POLICIES, AND PROCEDURES OF THE DESERT WATER AGENCY AS THEY NOW EXIST OR MAY BE AMENDED.

APPLICANT FURTHER AGREES THAT THE OWNER OF THE LOT OR DEVELOPMENT SHALL BE RESPONSIBLE TO PAY ALL FEES, TAXES, ASSESSMENTS AND OTHER CHARGES ASSESSED, IMPOSED OR CHARGED BY DESERT WATER AGENCY UPON AND TO SAID LOT OR DEVELOPMENT FOR WATER SUPPLIES AND WATER SERVICE PROVIDED TO SUCH LOT OR DEVELOPMENT BY THE AGENCY, THE FAILURE OF WHICH WILL RENDER SUCH LOT OR DEVELOPMENT SUBJECT TO TERMINATION OF WATER SERVICE.

IF CHECKED, APPLICANT ACKNOWLEDGES THAT WATER SERVICE WILL BE PROVIDED TO TRIBAL OR INDIAN ALLOTTEE TRUST LAND, THAT AGENCY FACILITIES ON INDIAN TRUST LAND REQUIRE A RIGHT-OF-WAY WITH A LIMITED TERM APPROVED BY THE BUREAU OF INDIAN AFFAIRS, AND THAT DESERT WATER AGENCY CANNOT COMMIT TO PROVIDE WATER SERVICE BEYOND THE TERM OF THE RIGHT-OF-WAY. THE AGENCY MUST BE IN POSSESSION OF THE RIGHT-OF-WAY, AS A CONDITION OF PROVIDING WATER SERVICE.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

WATER: ACCOUNT # _____ INVOICE # _____ METER SIZE _____ CCV SIZE _____

ZONE RATE: (A) Base (B) Acanto (C) Chino (D) Chino A **SYSTEM:** (X) Palm Springs (Y) Chino (Z) East

(E) Chino B (F) East (G) East a (H) East B (P) Palm Oasis (S) Snow (T) Tram

(I) Palm (J) Snow (K) South A (L) South B

EXISTING SERVICE:

PROPOSED SERVICE: (TO BE STAKED BY APPLICANT)

- PROPERTY LINE PROP. FINISH GRADE SERVICE LOCATION PROP. SIDEWALK
- EXISTING CURB PROP CURB EXISTING SIDEWALK: WIDTH _____

LOCATION _____ FT _____ OF THE _____ ON THE _____ SIDE OF _____

SERVICE SIZE _____ TYPE _____ SERVICE # _____ STATIC PSI _____ BACKFLOW: YES NO SIZE _____

METER # _____ METER READ _____ ERT # _____

DATE SET _____ BY: _____

SEWER: LATERAL: EXISTING PROPOSED # OF USERS _____ GREASE TRAP: YES NO

TREATMENT: CVWD EDU's _____ PALM SPRINGS UNIT/EDU's _____ FU's _____

CATHEDRAL CITY PALM OASIS (P) DREAM HOMES (D)

RATE: 1 2 3 4 5 6 7 8

A PROPOSED SEWER MAIN IS PLANNED FOR THE FUTURE. DEVELOPER IS ADVISED TO PROVIDE AN ONSITE DRY SEWER LATERAL STUBOUT TOO FOR FUTURE CONNECTION ON _____ (STREET NAME)

PROCESSED BY: _____ DATE: _____

NEW SERVICE REQUEST INVESTIGATION AND REPORT FOR BACKFLOW REQUIREMENTS

Under Public Law 99-339, the Safe Drinking Water Act amendments of 1986 and Title 17, Public Health Regulations Relating to Cross-Connection of the California Code of Regulations, Desert Water Agency has the primary responsibility for preventing potential contaminated or polluted water from entering the potable water system.

Consequently, the Desert Water Agency has established a comprehensive cross-connection control program designed to meet that responsibility. As an applicant for water service, you are required to answer the following questions so that Desert Water Agency can determine the backflow protection requirements for your property. Desert Water Agency will conduct an on-site survey upon completion of construction to confirm that our conclusions, based on this questionnaire, were correct.

Will there be any of the following:	YES	NO
1. Irrigation system:	<input type="checkbox"/>	<input type="checkbox"/>
A. Fertilizer injection system	<input type="checkbox"/>	<input type="checkbox"/>
2. Chemicals used on the premises:	<input type="checkbox"/>	<input type="checkbox"/>
A. Please list: _____		
3. Separate fire system:	<input type="checkbox"/>	<input type="checkbox"/>
A. Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>
B. Hose Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
C. Hydrants	<input type="checkbox"/>	<input type="checkbox"/>
D. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Re-circulation of used water	<input type="checkbox"/>	<input type="checkbox"/>
5. Boilers on the premises	<input type="checkbox"/>	<input type="checkbox"/>
6. Increase in water pressure on the premises by use of a pump or similar equipment	<input type="checkbox"/>	<input type="checkbox"/>
A. Multi-stories on the building	<input type="checkbox"/>	<input type="checkbox"/>
7. Water cooling towers for air conditioning	<input type="checkbox"/>	<input type="checkbox"/>
A. Chemicals used:		
Please list: _____		
8. Sewage Pump (any kind)	<input type="checkbox"/>	<input type="checkbox"/>
9. Special water use equipment:	<input type="checkbox"/>	<input type="checkbox"/>
A. Soft drink machines	<input type="checkbox"/>	<input type="checkbox"/>
B. Photo equipment	<input type="checkbox"/>	<input type="checkbox"/>
C. X-ray equipment	<input type="checkbox"/>	<input type="checkbox"/>
D. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Solar energy equipment: Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
A. Chemicals used:	<input type="checkbox"/>	<input type="checkbox"/>
Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical facilities or equipment	<input type="checkbox"/>	<input type="checkbox"/>
12. Whitewater or other auxiliary water supply	<input type="checkbox"/>	<input type="checkbox"/>
13. Steam generating equipment	<input type="checkbox"/>	<input type="checkbox"/>
14. Laundry facilities	<input type="checkbox"/>	<input type="checkbox"/>
15. More than one water service to the property	<input type="checkbox"/>	<input type="checkbox"/>
16. Industry or processing of any kind	<input type="checkbox"/>	<input type="checkbox"/>
17. Any other unusual water use facility:	<input type="checkbox"/>	<input type="checkbox"/>
Explain: _____		

ACCT. #: _____

BACKFLOW REQUIREMENTS
(TO BE COMPLETED BY BACKFLOW PERSONNEL)

BACKFLOW REQUIRED YES NO

IF YES:

SIZE: _____ TYPE: _____

BY: _____ CERT. #: _____

(Riverside County Health Dept.)

I hereby acknowledge that the installed backflow device is private plumbing and becomes the property and responsibility of the property owner and upon transfer of the land to another party I will provide the successor in interest with a copy of this agreement.

Signature

Printed Name

Date

INSTALLATION DATA

INSTALLED BY: _____ DATE INSTALLED: _____

BRAND: _____ SIZE: _____ TYPE: _____ SERIAL NO.: _____

ACCOUNT NO.: _____ SERVICE NO.: _____

LOCATION: _____

FINAL CHECK/SURVEY

TESTED BY: _____ CERTIFICATION NO.: _____ DATE: _____

RESULTS OF SURVEY AS TO COMPLIANCE:

ANY CHANGES REQUIRED: YES NO

JOB COMPLETE

DATE: _____ BY: _____

BACKFLOW SUPERVISOR

CERT. NO.: _____