Mammoth Community Water District
New Construction Application

Date:	

APPLICANT

Full Name:					
Address:					
City:		**State:**		**Zip:**	
Phone Number:					
Email:					
☐ **I authorize my contractor to serve as my agent for matters pertaining to this permit.**					

PROPERTY

Type of Construction:		
Subdivision:		
Lot #:		
Street Address:		
Assessor Parcel # (APN):		Link to Mono County Parcel Viewer

OWNER

Full Name:					
Address:					
City:		**State:**		**Zip:**	
Phone Number:					
Email:					

CONTRACTOR

Full Name:	
Phone Number:	
Email:	
Contractor License #:	
Additional Contact & Info:	

Signature on the application acknowledges that if a fixture unit count is mispresented and upon final inspection it is found that the count is not accurate, replacement of the meter and street lateral may be required at the owner's expense. Payment of additional connection fees may also be required. Removal of fixtures once installed may require Town of Mammoth Lakes approval. The owner assures that the plans submitted in regard to water and sewer improvements are copies of the same plans submitted to the Town of Mammoth Lakes building department.

SIGNATURE OF OWNER: _____ **Date:** _____

Fixture Unit Calculations

Please fill in ONLY the Quantity of New Fixtures column. All other fields will calculate automatically.
If you find a fixture not listed, contact MCWD for its fixture unit value.

FIXTURE		QUANTITY OF NEW FIXTURES TO BE ADDED (A)	TOTAL COLUMN A		WATER FIXTURE UNIT VALUE	TOTAL FIXTURE UNITS
SEPARATE SHOWER STALL, PER HEAD			0	X	2.0	0.0
IF MULTIPLE SHOWER HEADS OR BODY SPRAYERS EXIST IN ONE SHOWER STALL, EACH HEAD COUNDS AS 2.0 FIXTURE UNITS EACH AND SHOULD BE LISTED.						
BATH/SHOWER COMBO			0	X	4.0	0.0
ONE SHOWER HEAD IS ASSUMED WITH A TUB/SHOWER COMBINATION, ANY ADDITIONAL SHOWER HEADS OR BODY SPRAYERS ARE COUNTED AS 2.0 FIXTURE UNITS EACH AND SHOULD BE LISTED.						
WATER CLOSET (TOILET)			0	X	2.5	0.0
MAXIMUM FLOW RATE ALLOWED IS 1.28 GALLONS PER FLUSH. URINALS FOR RESIDENTIAL USE MUST MEET GREEN CODE STANDARDS. FLUSHOMETER TOILETS AND URINALS REQUIRE SEPARATE CALCULATIONS AND REPRESENT MUCH HIGHER FIXTURE UNIT COUNTS.						
LAVATORY (BATHROOM SINK)			0	X	1.0	0.0
KITCHEN SINK			0	X	1.5	0
BATHTUBS			0	X	4.0	0.0
BAR SINKS			0	X	1.0	0.0
FIRST HOSE BIBB			0	X	2.5	0.0
ADDITIONAL HOSE BIBBS			0	X	1.0	0.0
CLOTHES WASHER			0	X	4.0	0.0
DISHWASHER			0	X	1.5	0.0
BIDET			0	X	1.0	0.0
MOP BASIN (LAUNDRY SINK)			0	X	1.5	0.0
*COMMERCIAL BAR SINK			0	X	2.0	0.0
*COMMERCIAL SERVICE SINK			0	X	3.0	0.0
TOTAL ENDING FIXTURE UNITS AFTER CONSTRUCTION						**0.0**

*COMMERCIAL FIXTURE UNIT NUMBERS APPLY TO PUBLIC OR COMMERCIAL USE

IF FIXTURE UNIT COUNT IS 39 OR UNDER A 3/4" METER MAY BE USED.
IF FIXTURE UNIT COUNT IS OVER 39 AND NOT OVER 85 A 1" METER MAY BE USED.
IF FIXTURE UNIT COUNT IS OVER 85 AND NOT OVER 370 A 1-1/2" METER MAY BE USED.
IF FIXTURE UNIT COUNT IS OVER 370 AND NOT OVER 654 A 2" METER MAY BE USED.

Cross Connection Control Questionnaire

In compliance with the CA State Water Resources Control Board Cross-Connection Control Policy Handbook, Federal Safe Drinking Water Act of 1974, and Mammoth Community Water District Cross-Connection Control Program Policy, it is necessary to ask certain questions regarding your property. Our Cross-Connection Control Program is designed to meet the requirements of these regulations and to protect the public water from backflow of any pollution or contamination.

Date:	

PROPERTY

Address:	
Type of Facility:	
What is the building height:	

WHAT TYPE OF USES AND CONNECTIONS OF EQUIPMENT TO THE WATER SUPPLY WILL THERE BE? (Check all that apply to your property)

Boiler System		**Hydronics**		**Irrigation**	
Fire Sprinklers		**Swamp Cooler**		**Air Conditioning**	
Steam Connected Facility		**Heat Exchange System**		**Spa**	
Solar Heat Exchange		**Sewage Sump Pump**		**Gray Water System**	
Additional Water Source		**Corrosive Inhibitor Unit**		**Water Softener**	
Pressurized Water Tank		**What type?**		**None of the Above**	

COMMERCIAL FACILITY: (If you indicated that you are a commercial facility, please check all commercial/industrial equipment utilized.)

Aspirators		**Water Cooled Equip.**		**Booster Pumps**	
Film Processing Equip.		**Chemical Injection Systems**		**Circulating Systems**	
Non Water Piping		**Beverage Machine**		**Ice Maker**	
Coffee Machine		**Latte Machine**		**Garbage Disposal**	
Industrial Dishwasher		**Cooling Tower**		**Autoclaves**	
Sewage Pumps		**Industrial Fluid Lines**		**Heat Exchanger**	
Reclaimed Water System		**None of the Above**		**Other**	

Cross Connection Control Questionnaire

FIRE SPRINKLER SYSTEM ***(If you indicated that you have a fire sprinkler system please select your answer to the following questions.) What type of system will it be?***

Air	
Water	
Freeze protection with an antifreeze chemical of some type	
Will this system be supplemented by any auxiliary source?	
Will there be a fire department connection on the project?	

SPA ***(If you indicated that you have a spa please select your answer to the following questions.)***

Plumbed into the water supply and sewer system	
Self-Contained - (Above ground spa)	

HYDRONIC, BOILER OR HEAT EXCHANGE UNITS ***(If you indicated that a boiler, hydronic of some type of heat exchange system is to be used, please select your answer to the following questions.)***

Will Glycol be used in any part of the unit?				
Does the system call for a Backflow Preventer?				
If yes, what type of Backflow Preventer?				
Heat Exchange System will be used to heat	**Air**		**Water**	
System will be used for	**Driveways**		**Walkways**	**House**

IRRIGATION (LANDSCAPE) ***(If you indicated that you have irrigation please select your answer to the following questions.) What type of system will it be?***

Automated Sprinklers		**Hand Watered**		**Other**	
Will any pumps or any chemical injection be used?			**Yes**		**No**
For Automated Sprinklers, I have shown a diagram of the irrigation system including the location of the water connection, type of sprinkler head, location of backflow assembly, and location of timer box on my landscape plan?			**Yes**		

By typing in my name, I acknowledge signing this application.

SIGNATURE OF OWNER/AGENT: **DATE:**

For Office Use Only:

Date: **Permit No.** **Plan Checker:**

Subdivision: **Lot or Unit #:**

Site Address:

It has been determined that Backflow Requirements for this property are as follows:

MAMMOTH COMMUNITY WATER DISTRICT
PO BOX 2117, Mammoth Lakes, CA 93546
(760) 934-2596 billing@mcwd.dst.ca.us

Service Agreement

MAMMOTH COMMUNITY WATER DISTRICT (District) is hereby requested by Owner to furnish water and/or sewer service. In consideration for such service, Owner agrees with the District as follows:

1) That all District services and charges are governed by District Ordinances, which are available for inspection at the District Office, 1315 Meridian Blvd., Mammoth Lakes, California 93546 or online at mcwd.dst.ca.us/governance. Owner agrees to abide with District Ordinances, as amended from time to time;

2) That the District is granted access for activities related to service installations upon premises;

3) That this application, when approved by the District, constitutes a contract between the Owner and the District. Owner acknowledges that he/she understands the monthly charges as applicable to his/her structure, and Owner understands that monthly billings will be provided according to District billing procedures;

4) That Owner understands the contact information furnished on this application shall be used by District for billing and correspondence purposes, agrees to inform the District of any change in the information provided, and understands the District will assume no responsibility in connection with the monthly billing, leak notifications, or violation notices if a change of information is not given the District;

5) That all information provided in the application is correct;

6) That Owner agrees to provide any request for service termination not later than (10) days before termination is to become effective.

7) Consistent with California's Uniform Electronic Transactions Act (Cal. Civ. Code, §1633.1, et seq., and any other applicable law), by submitting this form with your electronic signature, you understand and agree that you are entering into a binding agreement with the District, and that your electronic signature is the same as your handwritten signature for the purposes of validity, enforceability, and admissibility of your signature and the agreement to which it is applied.

INFORMATION

Property Owner's Name(s) _____

Mailing Address _____ City_____ State __ Zip Code _____

Primary/cell phone # _____ Receive text messages _____ Yes _____No Alternate phone #_____

Email _____ Please send my bills by: _ _ Email or . . USPS

Service Address _____ Unit No. _____ Close of Escrow Date _____

_____Primary Residence _____ Second Home Rental: _____ Long Term _____ Short Term _____ Not a Rental

If Renter Pays the Bill: Renter: Name_____

Renter: Mailing Address _____ Renter: City_____ Renter: State ___ Renter: Zip Code _____

Property manager or local contact name (if applicable): _____

Property manager or local contact: Phone _____ Email _____

Signature of Owner (s)_____ Date_____