

# Mammoth Community Water District

## New Construction Application



<b>Date:</b>	
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**APPLICANT**

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

**PROPERTY**

<b>Type of Construction:</b>				
<b>Subdivision:</b>				
<b>Lot #:</b>				
<b>Street Address:</b>				
<b>Assessor Parcel # (APN):</b>		<a href="#">Link to Mono County Parcel Viewer</a>		

**OWNER**

<b>Full Name:</b>				
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>Zip:</b>
<b>Phone Number:</b>				
<b>Email:</b>				

**CONTRACTOR**

<b>Full Name:</b>				
<b>Phone Number:</b>				
<b>Email:</b>				
<b>Contractor License #:</b>				
<b>Additional Contact &amp; Info:</b>				

Signature on the application acknowledges that if a fixture unit count is misrepresented 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 complete **ONLY** Quantity of New Fixtures Column. All other fields will automatically compute.

If a fixture exists that is not listed contact MCWD for a 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			X	
<i>IF MULTIPLE SHOWER HEADS OR BODY SPRAYERS EXIST IN ONE SHOWER STALL, EACH HEAD COUNTS AS 2.0 FIXTURE UNITS EACH AND SHOULD BE LISTED.</i>				
BATH/SHOWER COMBO			X	
<i>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.</i>				
WATER CLOSET (TOILET)			X	
<i>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.</i>				
LAVATORY (BATHROOM SINK)			X	
<i>MAXIMUM FLOW RATE ALLOWED IS 1.28 GALLONS PER FLUSH. URINALS FOR RESIDENTIAL USE MUST ALSO MEET GREEN CODE STANDARDS.</i>				
KITCHEN SINK			X	
<i>MAXIMUM FLOW RATE ALLOWED IS 1.28 GALLONS PER FLUSH. URINALS FOR RESIDENTIAL USE MUST ALSO MEET GREEN CODE STANDARDS.</i>				
BATHTUBS			X	
BAR SINKS			X	
FIRST HOSE BIBB			X	
ADDITIONAL HOSE BIBBS			X	
CLOTHES WASHER			X	
DISHWASHER			X	
BIDET			X	
MOP BASIN (LAUNDRY SINK)			X	
*COMMERCIAL BAR SINK			X	
*COMMERCIAL SERVICE SINK			X	
<b>TOTAL ENDING FIXTURE UNITS AFTER CONSTRUCTION</b>				

\*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 Federal Safe Drinking Water Act of 1974, the California Administrative code and Mammoth Community Water District Ordinances #03-19-87-07, it is necessary to ask certain questions regarding the development of your property to determine compliance with our Cross Connection Control Program.

Our cross-connection control program is designed to meet these regulations to protect the public water from backflow of any pollution or contamination.

Date:

## **PROPERTY**

Address:	<input type="text"/>
Type of Facility:	<input type="text"/>
What is the building height:	<input type="text"/>
<input type="text"/>	

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

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

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

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

# 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	<table border="1"> <tr> <td>Air</td> <td>Water</td> </tr> </table>	Air	Water	
Air	Water			
System will be used for	<table border="1"> <tr> <td>Driveways</td> <td>Walkways</td> <td>House</td> </tr> </table>	Driveways	Walkways	House
Driveways	Walkways	House		

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 \_\_\_\_\_