APPLICATION FOR WATER SERVICE

*TO BE COMPLETED BY APPLICANT*

I hereby request CALIFORNIA-AMERICAN WATER COMPANY to install a service and meter to serve:

*To Serve:*

(Lot) (Block) (Tract)

Located on the:____________________________ side of __________________________ between __________________________ and __________________________.

*Service Address:*

(House #) (Street) (City or District) Number of Units: __________

*Bill To (Name):*

*Applicant is:*

[ ] Owner [ ] Tenant [ ] Agent

*Mailing Address:*

(House #) (Street) (City) (State) (Zip Code)

*Purpose:*

[ ] Residential [ ] Apartment [ ] Commercial/Type [ ] Industrial [ ] Irrigation [ ] Fire Hydrant [ ] Fire Sprinklers [ ] Other __________________

*Backflow Prevention Device Required? [ ] Yes [ ] No Reason: ____________________________ Type of Device: __________________________

*Installation Charge Required? [ ] Yes [ ] No Amount $: ____________________________ Reason: ____________________________ (Estimate Only)

*Date Applicant will be ready for service: ____________________________

*I guarantee payment of bills: ____________________________ Telephone No.: ( ) Fax No.: ( )

*Print Applicant's Full Name: ____________________________ Completed By: ____________________________

FOR OFFICE USE ONLY

ORDER

Install a new _______ - inch service with a _______ -inch meter on the __________________________ side of __________________________ between __________________________ and __________________________.

Meter No.: __________ Size: __________

Requisition No.: __________________________

Service is: [ ] NEW [ ] REPLACEMENT

SERVICE REPORT: Materials Used

<table>
<thead>
<tr>
<th>QTY.</th>
<th>SIZE</th>
<th>TYPE</th>
<th>MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pipe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Corporation Stop x Pack Joint</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Angle Stop x Pack Joint</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Saddle</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meter Box</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meter Bushing (Adapter)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meter Flange</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reducer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Service Stop</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meter Coupling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meter Spuds</td>
</tr>
</tbody>
</table>

REMARKS: ____________________________

LABOR REPORT

<table>
<thead>
<tr>
<th>NAME</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAVEMENT CUT

Type: __________________________

Size: __________________________

Patch Card No.: __________________________

Posted on Comm. Dept. on: __________ by __________________________

Posted on Maps on: __________ by __________________________

READING SEQUENCE

Book #: __________ Page #: __________ Read Order #: __________

City Code: __________________________
# California American Water Company Service Design

**Customer Name:** ___________________________  **Date:** ___________________________

**Service Address:** ___________________________  **Service #:** ___________________________

**Location:** ___________________________  **A/C #:** ___________________________

<table>
<thead>
<tr>
<th>FIXTURES</th>
<th>UNITS (RESIDENTIAL)</th>
<th>UNITS (PUBLIC USE)</th>
<th>NUMBER OF FIXTURES</th>
<th>TOTAL</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kitchen Sink</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dishwasher</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garbage Disposal</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing Machine</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry Tray</td>
<td>2</td>
<td>4</td>
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<td></td>
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</tr>
<tr>
<td>Bathroom Group Flush Tank</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Bathroom Group Flush Valve</td>
<td>8</td>
<td></td>
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</tr>
<tr>
<td>Water Closet (Low Flow)</td>
<td>1.7</td>
<td></td>
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<tr>
<td>Water Closet Flush Tank</td>
<td>3</td>
<td>5</td>
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<tr>
<td>Water Closet Flush Valve</td>
<td>6</td>
<td>10</td>
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<tr>
<td>Shower</td>
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<td>4</td>
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<tr>
<td>Bathtubs</td>
<td>2</td>
<td>4</td>
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<tr>
<td>Lavatories</td>
<td>1</td>
<td>2</td>
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</tr>
<tr>
<td>Stall Urinals</td>
<td></td>
<td></td>
<td>5</td>
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</tr>
<tr>
<td>Wall Urinals</td>
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<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Sink</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bar Sink</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking Fountain</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Sprinkler Heads</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hose Bibs</td>
<td>3</td>
<td>5</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Fixtures</th>
<th>Service Size</th>
<th>Meter Size</th>
<th>Gallons Per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Flow</td>
<td>1”</td>
<td>5/8”</td>
<td>0-20</td>
</tr>
<tr>
<td>Service Size</td>
<td>1”</td>
<td>1”</td>
<td>20-40</td>
</tr>
<tr>
<td>Meter Size</td>
<td>2”</td>
<td>1½”</td>
<td>40-60</td>
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<tr>
<td>Pressure</td>
<td>2”</td>
<td>2”</td>
<td>60-120</td>
</tr>
</tbody>
</table>

**Checked By:** ___________________________  **Date:** ___________________________