

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

SERVICE ADDRESS: _____

ZIP CODE _____ LOT # _____ TRACT _____ PALM SPRINGS CATHEDRAL CITY

USE: **TYPE: (REQUIRED FOR DATA PROCESSING)**

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

IF CHECKED, 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 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)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> PROPERTY LINE | <input type="checkbox"/> PROP. FINISH GRADE | <input type="checkbox"/> SERVICE LOCATION | <input type="checkbox"/> PROP. SIDEWALK |
| <input type="checkbox"/> EXISTING CURB | <input type="checkbox"/> PROP CURB | <input type="checkbox"/> EXISTING SIDEWALK: WIDTH _____ | |

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: _____



HAZARD ASSESSMENT INVESTIGATION AND REPORT FOR BACKFLOW REQUIREMENTS

Under the Cross-Connection Policy Handbook as defined in California’s Health Safety Code (CHSC, Section HSC § 116407), and California’s Safe Drinking Water Act, 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: A. Fertilizer injection system	_____	_____
2. Chemicals used on the premises: A. Please list: _____	_____	_____
3. Separate fire system: A. Sprinklers B. Hose Cabinets C. Hydrants D. Other: _____	_____ _____ _____ _____	_____ _____ _____ _____
4. Re-circulation of used water	_____	_____
5. Boilers on the premises	_____	_____
6. Increase in water pressure on the premises by use of a pump or similar equipment A. Multi-stories on the building	_____ _____	_____ _____
7. Water cooling towers for air conditioning A. Chemicals used: Please list: _____	_____ _____	_____ _____
8. Sewage Pump (any kind)	_____	_____
9. Special water use equipment: A. Soft drink machines B. Photo equipment C. X-ray equipment D. Other: _____	_____ _____ _____ _____	_____ _____ _____ _____
10. Solar energy equipment: Please list: _____ A. Chemicals used: Please list: _____	_____ _____ _____	_____ _____ _____
11. Medical facilities or equipment	_____	_____
12. Whitewater or other auxiliary water supply	_____	_____
13. Steam generating equipment	_____	_____
14. Laundry facilities	_____	_____
15. More than one water service to the property	_____	_____
16. Industry or processing of any kind	_____	_____
17. Any other types of water use that are not listed above: Explain: _____	_____	_____

NOTE: Once DWA has reviewed this form, this Agency will contact the property owner to schedule and conduct a site survey.



ACCT. #: _____

BACKFLOW REQUIREMENTS
(TO BE COMPLETED BY BACKFLOW PERSONNEL)

BACKFLOW REQUIRED YES NO

IF YES:

SIZE: _____ **TYPE:** _____

BY: _____ **CERT. #:** _____

(Riverside County Health Dept.)

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.: _____