



P.O. Box 675 * 61750 Chollita Road * Joshua Tree * California 92252
Phone (760) 366-8438 * Fax (760) 366-9528
Website: www.jbwd.com * Customer Service: customerservice@jbwd.com

Fire Flow Request

Applicant: _____ Daytime Phone: _____

Parcel Address: _____

Parcel Number (APN): _____ Cross Street: _____

Effective January 1, 2010, a fee of \$55.00 will be charged to the applicant, to cover the costs the District incurs to provide the fire flow testing service. This fee must be paid before the Fire Flow Test will be conducted.

The Fire Flow Letter should be delivered to:

Recipient: _____

PLEASE CHOOSE ONE:

- Mail** (above address)
- Fax to:** _____
- Will pick up**
- Email:** _____

The District will respond to all fire flow requests within fifteen (15) working days. A District Representative will be in contact with you once the fire flow information is obtained.

By signing below, the applicant understands that the fee for the Fire Flow must be paid before the District will perform the test. This is a non-refundable fee required to cover the cost that the District incurs to perform the test.

Please include sketch of lot, building, streets and cross streets in space provided to right.

FOR OFFICIAL USE ONLY:

Fee Paid \$ _____

Date: _____

CSR Initials: _____

Applicant's Signature

Date



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WATER USE QUESTIONNAIRE

Date:	
Project Address:	APN:
Name:	Phone Number:
Account Number:	Meter Number:
Applicant Printed Name:	New Service: Yes <input type="checkbox"/> No <input type="checkbox"/>
Applicant Signature:	Existing Service: Yes <input type="checkbox"/> No <input type="checkbox"/>

*By signing this document, I am certifying that the statements below are true. I also understand that if at any time JBWD staff discovers that these statements are incorrect and that I pose a health hazard, it may result in my water service being turned off.

COMMERCIAL CHECK ALL THAT APPLY

- Building over three (3) stories in height.
- Treated Water (chemicals added to water for heating, cooling or irrigation).
- Irrigation system for landscaping or dedicated water meter for that purpose.
- Chemical processing or repackaging (operation using chemicals).
- Cold Storage (freezer room or cooler).
- Irrigation/Domestic Well (well used to water plants, crops or consumption).
- Medical office or Medical treatment.
- Drink dispenser using a carbonator (soft drinks not in cans or bottles).
- Steam generating (steam boiler, autoclave or steam producing equipment).
- Recycled water (equipment using the same water more than once).
- Reclaimed water (treated water from the sewage treatment plant).
- Waste interceptor (grease receptor/trap, etc.).
- Water for decorative use (a pool, fountain, stream, etc.).
- Water make-up (replacement water to equipment due to evaporation or use).
- Water pumping other than a hot water re-circulation.
- Water-cooled equipment (water circulated through water equipment jackets).
- Grey water reclamation system.
- Fire service (service for fire hydrant or building sprinkler system).
- Booster pump (pump to increase the water pressure).
- Multi-service connection (more than one water service to the property).
- Building or equipment is 20 feet above the service connection.
- Swimming pool or spa.
- Solar water heater system
- None of the above

RESIDENTIAL- CHECK ALL THAT APPLY

- Grey water reclamation system.
- Fire service (service for a fire hydrant or building sprinkler system).
- Booster pump (pump to increase the water pressure). Domestic well (well water used for consumption).
- Irrigation system for landscaping or dedicated water meter for that purpose.
- Multi-service connection (more than one water service to the property).
- Building or equipment is 20 feet above the service connection.
- Swimming pool or spa.
- Home based business: _____
- Solar water heater system.
- None of the above

FOR OFFICIAL USE ONLY

DEGREE OF HAZARD

- No Hazard at this time.
- Non-Health Hazard (Pollution)
- Health Hazard (Contamination)**

Description of Hazard _____

Sewage

TYPE OF DEVICE REQUIRED

- Air Gap
- Double Detector Check (DCDA)
- Reduced Pressure Principal Detector Assembly (RPDA)
- Double Check (DC)
- Reduced Pressure Principal Assembly (RP)
- None

Name _____ Date _____