



WATER SERVICE APPLICATION

PART 2 – HYDRANT / FIRE SERVICE / DUAL SERVICE REQUIREMENTS

FIRE MARSHAL:

Please complete and sign below. If dual service is indicated and approved, please complete the Domestic Dual Services section below. If any change to an existing hydrant and/or fire service is required, please indicate required changes (i.e. upgrade hydrant body, relocate, or remove) in Remarks Section. For questions about this form, contact EBMUD New Business Office at 510-287-1008.

| | | | |
|-----------------|----------------------|-------------------|--------|
| PROPERTY | PROJECT ADDRESS | CITY | ZIP |
| | ASSESSOR'S PARCEL Nº | TRACT/SUBDIVISION | LOT Nº |

TO BE COMPLETED BY FIRE MARSHAL

| | | |
|----------------------|--|---|
| FIRE HYDRANTS | <input type="checkbox"/> NEW HYDRANTS NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PUBLIC hydrants _____ AND/OR Number of NEW PRIVATE hydrants _____ <input type="checkbox"/> RELOCATE: Number of EXISTING PUBLIC hydrants to be relocated _____ | For HYDRANTS please complete the following OR check the box below: A total of _____ gallons per minute supplied by _____ hydrant(s) flowing simultaneously for a duration of _____ minutes. Each individual hydrant shall provide a minimum flow of _____ gallons per minute. Unless otherwise indicated, fire flow is calculated down to a minimum residual pressure of 20 psi in the water main under normal operating design flow conditions. Fire flow is a design factor and is not guaranteed. <input type="checkbox"/> EXISTING FLOW IS ADEQUATE Remarks _____ |
|----------------------|--|---|

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|------------------------------|--|----------------------------|
| PRIVATE FIRE SERVICES | Commercial, multi-family premises (as approved by local fire agency). <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW PRIVATE fire services _____ <input type="checkbox"/> EXISTING PRIVATE FIRE SERVICE adequate | Remarks _____ _____ |
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|-------------------------------|---|---|
| DOMESTIC DUAL SERVICES | Single family premises, multi-family premises, condos, and townhomes (as approved by local fire agency) <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED: Number of NEW DUAL SERVICES _____ | For DOMESTIC DUAL SERVICES please complete the following: $\text{_____ Sprinkler heads} \times \text{_____ Demand per head, GPM} = \text{_____ Sprinkler Demand, GPM}$ <p><i>Maximum number of sprinkler heads required to operate simultaneously in the largest area to be sprinklered.</i></p> <p><i>Flow required for each sprinkler head to operate (in gallons per minute).</i></p> Remarks _____ |
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|------------------------------|--|-------|
| FIRE MARSHAL APPROVAL | FIRE AGENCY NAME | PHONE |
| | PREPARED BY | TITLE |
| | EMAIL | |
| | SIGNATURE (By signing below, I agree I have reviewed and approved the fire service plan for above address location.) | DATE |

VALID FOR ONE YEAR