METER APPLICATION AND FIXTURE COUNT SUBMITTAL FORM

Consolidated Utility District of Rutherford County PLEASE FILL OUT THIS FORM (DIGITAL ENTRY PREFERRED) IN ITS ENTIRETY AND SUBMIT TO THE ENGINEERING DEPARTMENT FOR TAP FEE CALCULATION, PROPER METER SIZING, AND APPROVAL. THIS FORM ALONG WITH A PDF OF YOUR MECHANICAL DRAWINGS/PLUMBING SCHEDULE CAN BE SUBMITTED VIA EMAIL (PREFERRED) TO <u>CUDengineering@CUDRC.COM</u> OR IN PERSON AT CONSOLIDATED UTILITY DISTRICT'S ENGINEERING BUILDING. ONCE APPROVED, THIS FORM AND THE CALCULATED TAP FEE WILL BE SENT BACK TO THE CONTACT EMAIL ADDRESS PROVIDED. PLEASE BRING THE APPROVED FORM AND PAYMENT FOR THE TAP FEE AND PRESENT TO THE CUSTOMER SERVICE DEPARTMENT TO SIGN UP FOR SERVICE. THANK YOU! DATE SERVICE IS REQUESTED MULTI-FAMILY RESIDENTIAL COMMERCIAL INDUSTRIAL RESIDENTIAL PROJECT NAME PROJECT ADDRESS ZIP CODE CONTACT PERSON PHONE FMAII COMPANY/CONTRACTOR NAME COMPANY/CONTRACTOR ADDRESS CITY STATE ZIP CODE DESCRIPTION OF PROJECT CHECK SERVICES THAT APPLY IRRIGATION DOMESTIC FIRE PROTECTION ANTICIPATED FIRE FLOW (GPM) ANTICIPATED MAX FLOW (GPM) **CALCULATION OF WATER SUPPLY FIXTURE UNITS (WSFU)** PLEASE FILL OUT THE FIXTURE UNITS PER PLUMBING SCHEDULE FOR YOUR PROPOSED SITE. BE AS SPECIFIC AS POSSIBLE. IF YOU HAVE A FIXTURE THAT IS NOT LISTED, PLEASE INDICATE IN THE "OTHER" LINE WITH ASSOCIATED QUANTITY.

FIXTURE	QUANTITY	FIXTURE	QUANTITY
1 - BATHROOM GROUP = WATER CLOSET, LAVATORY, & BATHTUB OR SHOWER (1.6 GPF)		BATHROOM GROUP, EACH ADDITIONAL	
1 - BATHROOM GROUP (3.5 GPF)		BATHROOM, 1/2 BATH, EACH ADDITIONAL	
1 - 1/2 - BATHROOM GROUP (1.6 GPF)		BATHTUB OR COMBO BATH/SHOWER	
1 - 1/2 - BATHROOM GROUP (3.5 GPF)		BEVERAGE HOOK-UP	
2 - BATHROOM GROUP (1.6 GPF)		BIDET	
2 - BATHROOM GROUP (3.5 GPF)		COFFEEMAKER	
2 - 1/2 - BATHROOM GROUP (1.6 GPF)		COMBINATION SINK & TRAY	
2 - 1/2 - BATHROOM GROUP (3.5 GPF)		COMBINATION SINK & TRAY W/ FOOD DISPOSAL UNIT	
3 - BATHROOM GROUP (1.6 GPF)		DENTAL UNIT OR CUSPIDOR	
3 - BATHROOM GROUP (3.5 GPF)		DIP WELL	

METER APPLICATION AND FIXTURE COUNT SUBMITTAL FORM

FIXTURE	QUANTITY	FIXTURE	QUANTITY		
DISHWASHING MACHINE, DOMESTIC		LAVATORY, SURGEON'S			
DISHWASHING MACHINE, INDUSTRIAL		SHOWER, CONTINUOUS USE			
DRINKING FOUNTAIN		SHOWER, DOMESTIC			
DRINKING FOUNTAIN, HEAVY-USE ASSEMBLY		SHOWERS (GROUP) PER HEAD			
EMERGENCY EYE WASH		SINK, BAR (PUBLIC)			
EMERGENCY SHOWER		SINK, CLINIC			
HOSE BIB		SINK, COMPARTMENT			
HOSE BIB, EACH ADDITIONAL		SINK, EXAM/TREATMENT			
ICEMACHINE, 1" LINE		SINK, FLUSHING RIM (WITH VALVE)			
ICEMACHINE, 1/2" LINE		SINK, SERVICE OR MOP BASIN			
ICEMACHINE, 3/4" LINE		URINAL, 1.0 GPF			
ICEMACHINE, 3/8" LINE		URINAL, 1.0 GPF, HEAVY-USE ASSEMBLY			
ICEMAKER		URINAL, GREATER THAN 1.0 GPF			
KITCHEN GROUP (SINK AND DISHWASHER)		URINAL, GREATER THAN 1.0 GPF, HEAVY-USE ASSEMBLY			
KITCHEN SINK, DOMESTIC		URINAL, PEDESTAL, SIPHON JET, BLOWOUT			
KITCHEN SINK, HOTEL/RESTAURANT		WASH SINK			
KITCHEN SINK, W/ FOOD GRINDER		WASHING MACHINE, DOMESTIC			
LAUNDRY GROUP (SINK AND CLOTHES WASHER)		WATER CLOSET, 1.6 GPF FLUSHOMETER TANK			
LAUNDRY SINK		WATER CLOSET, 1.6 GPF FLUSHOMETER VALVE			
LAVATORY		WATER CLOSET, 1.6 GPF GRAVITY TANK			
LAVATORY, BARBER, BEAUTY PARLOR		WATER CLOSET, 3.5 GPF FLUSHOMETER VALVE (OTHER THAN DWELLING UNITS)			
LAVATORY, PUBLIC		WATER CLOSET, 3.5 GPF GRAVITY TANK (OTHER THAN DWELLING UNITS)			
OTHER:		OTHER:			
OTHER:		OTHER:			
Applicant Name (Type/Print) FOR OFFICE USE ONLY ENGINEERING DEPARTMENT APPROVAL METER DEPARTMENT APPROVAL					
Signature Date		 Signature	Date		
INSTALLATIO	ON INSTRUC	TIONS ACCOUNT NUMBER	 _		
METER SIZE METER SIZE ORDER SELECT ORDER TYPE TAP FEE:					
ADDITIONAL NOTES:					
, as in order to the control of the					

TEL: 615.893.7225

HOURS: MON-FRI 8:00-4:30