Mammoth Community Water District
Landscape/Irrigation Application

Date:	

APPLICANT

Full Name:					
Address:					
City:		State:		Zip:	
Phone Number:					
Email:					
☐ **I authorize my contractor to serve as my agent for matters pertaining to this permit.**					

PROPERTY

Proposed Meter Size:		Square Footage of Landscape to be Irrigated:	
Subdivision:		Lot #:	
Street Address:			
Assessor Parcel # (APN):		Link to Mono County Parcel Viewer	

OWNER

Full Name:					
Address:					
City:		State:		Zip:	
Phone Number:					
Email:					

CONTRACTOR

Full Name:	
Phone Number:	
Email:	
Contractor License #:	
Additional Contact & Info:	

Signature on the application acknowledges that if a fixture unit count is misrepresented and upon final inspection it is found that the count is not accurate, replacement of the meter and street lateral may be required at the owner's expense. Payment of additional connection fees may also be required. Removal of fixtures once installed may require Town of Mammoth Lakes approval. The owner assures that the plans submitted in regard to water and sewer improvements are copies of the same plans submitted to the Town of Mammoth Lakes building department.

SIGNATURE OF <u>OWNER</u>: _____ **Date:** _____

Cross Connection Control Questionnaire

In compliance with the Federal Safe Drinking Water Act of 1974, the California Administrative code and Mammoth Community Water District Ordinances #03-19-87-07, it is necessary to ask certain questions regarding the development of your property to determine compliance with our Cross Connection Control Program.
Our cross-connection control program is designed to meet these regulations to protect the public water from backflow of any pollution or contamination.

Date:	

PROPERTY

Address:	
Type of Facility:	
What is the building height:	

WHAT TYPE OF USES AND CONNECTIONS OF EQUIPMENT TO THE WATER SUPPLY WILL THERE BE? (Check all that apply to your property)

Boiler System		Hydronics		Irrigation	
Fire Sprinklers		Swamp Cooler		Air Conditioning	
Steam Connected Facility		Heat Exchange System		Spa	
Solar Heat Exchange		Sewage Sump Pump		Gray Water System	
Additional Water Source		Corrosive Inhibitor Unit		Water Softener	
Pressurized Water Tank		What type?		None of the Above	

COMMERCIAL FACILITY: (If you indicated that you are a commercial facility, please check all commercial/industrial equipment utilized.)

Aspirators		Water Cooled Equip.		Booster Pumps	
Film Processing Equip.		Chemical Injection Systems		Circulating Systems	
Non Water Piping		Beverage Machine		Ice Maker	
Coffee Machine		Latte Machine		Garbage Disposal	
Industrial Dishwasher		Cooling Tower		Autoclaves	
Sewage Pumps		Industrial Fluid Lines		Heat Exchanger	
Reclaimed Water System		None of the Above		Other	

Cross Connection Control Questionnaire

FIRE SPRINKLER SYSTEM (If you indicated that you have a fire sprinkler system please select your answer to the following questions.) What type of system will it be?

Air	
Water	
Freeze protection with an antifreeze chemical of some type	
Will this system be supplemented by any auxiliary source?	
Will there be a fire department connection on the project?	

SPA (If you indicated that you have a spa please select your answer to the following questions.)

Plumbed into the water supply and sewer system	
Self-Contained - (Above ground spa)	

HYDRONIC, BOILER OR HEAT EXCHANGE UNITS (If you indicated that a boiler, hydronic of some type of heat exchange system is to be used, please select your answer to the following questions.)

Will Glycol be used in any part of the unit?			
Does the system call for a Backflow Preventer?			
If yes, what type of Backflow Preventer?			
Heat Exchange System will be used to heat	**Air**	**Water**	
System will be used for	**Driveways**	**Walkways**	**House**

By typing in my name, I acknowledge signing this application.

SIGNATURE OF OWNER/AGENT: _____ DATE: _____

For Office Use Only:

Date: **Permit No.**   **Plan Checker:**

Subdivision: **Lot or Unit #:**

Site Address:

It has been determined that Backflow Requirements for this property are as follows:

MAMMOTH COMMUNITY WATER DISTRICT
P.O. Box 2117, Mammoth Lakes, CA 93546
(760) 934-2596
billing@mcwd.dst.ca.us

WATER AND/OR SEWER SERVICE APPLICATION AND AGREEMENT

MAMMOTH COMMUNITY WATER DISTRICT (District) is hereby requested by Owner to furnish water and/or sewer service. In consideration for such service, Owner agrees with the District as follows:

1) That all District services and charges are governed by District Ordinances adopted by the Board of Directors of the District, subject to modification from time to time. A copy of such Ordinances are available for Owner's inspection at the District Office, 1315 Meridian Blvd., P.O. Box 597, Mammoth Lakes, California 93546. Owner agrees to abide with District Ordinances, as amended from time to time;

2) That the District is granted access for repair and/or maintenance purposes of service installations upon premises;

3) That this application, when approved by the District constitutes a contract between the Owner and the District. Owner acknowledges that he/she understands the monthly charges as applicable to his/her structure, and Owner understands that monthly billings will be provided according to District billing procedures;

4) That Owner understands the mailing address furnished on this application shall be the address used by District for billing and correspondence purposes, agrees to inform the District of any change in address, and understands the District will assume no responsibility in connection with the monthly billing if a change of address is not given the District;

5) That all statements of the Owner in the application are true and correct;

6) The Owner agrees to provide any request for service termination not later than (10) days before termination is to become effective.

INFORMATION

Property Owner's Name(s)

Mailing Address   Primary/Cell Phone No.

City   State   Zip Code   Alternate Phone No.

Service Address   Unit No.

Email

Close of Escrow Date

Please send my bills   Email   Mail

Property Manager Name (if applicable)

Property Manager Phone

Property Manager Email

Signature of Owner