

Mammoth Community Water District Remodel/Addition Application



Date:	
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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

Type of Construction:				
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 OWNER: _____ **Date:** _____

Fixture Unit Calculations



If a fixture exists that is not listed contact MCWD for a fixture unit value.

FIXTURE	QUANTITY OF EXISTING FIXTURES (A)	QUANTITY OF NEW FIXTURES TO BE ADDED (B)	TOTAL COLUMN A + B	**WATER FIXTURE UNIT VALUE	TOTAL FIXTURE UNITS
BAR SINKS				X	
*COMMERCIAL BAR SINKS				X	
BATHTUB				X	
BATH/SHOWER COMBO				X	
ONE SHOWER HEAD IS ASSUMED WITH A TUB/SHOWER COMBINATION, ANY ADDITIONAL SHOWER HEADS OR BODY SPRAYERS ARE COUNTED AS 2 FIXTURE UNITS EACH AND SHOULD BE LISTED.					
SEPARATE SHOWER STALL, PER HEAD				X	
IF MULTIPLE SHOWER HEADS OR BODY SPRAYERS EXIST IN ONE SHOWER STALL, EACH HEAD COUNTS AS 2 FIXTURE UNITS EACH AND SHOULD BE LISTED.					
FIRST HOSE BIBB				X	
ADDITIONAL HOSE BIBBS				X	
CLOTHES WASHER				X	
LAVATORY (SMALL BATHROOM SINK)				X	
KITCHEN SINK				X	
LAUNDRY SINK				X	
DISHWASHER				X	
WATER CLOSET (TOILET)				X	
BIDET				X	
URINAL				X	
SERVICE OR MOP BASIN				X	
*COMMERCIAL SERVICE OR MOP BASIN				X	
TOTAL ENDING FIXTURE UNITS AFTER CONSTRUCTION					

*COMMERCIAL FIXTURE UNIT NUMBERS APPLY TO PUBLIC OR COMMERCIAL USE.

**FIXTURE UNIT VALVES PER 2019 CALIFORNIA PLUMBING CODE TABLE A 103.4; APPENDIX A.

IF FIXTURE UNIT COUNT IS 39 OR UNDER A 3/4" METER MAY BE USED.

IF FIXTURE UNIT COUNT IS OVER 39 AND NOT OVER 85 A 1" METER MAY BE USED.

IF FIXTURE UNIT COUNT IS OVER 85 AND NOT OVER 370 A 1-1/2" METER MAY BE USED. IF FIXTURE UNIT COUNT IS OVER 370 AND NOT OVER 654 A 2" METER MAY BE USED.

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	<table border="1"> <tr> <td>Air</td> <td>Water</td> </tr> </table>	Air	Water	
Air	Water			
System will be used for	<table border="1"> <tr> <td>Driveways</td> <td>Walkways</td> <td>House</td> </tr> </table>	Driveways	Walkways	House
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: