



BANGOR WATER DISTRICT

P.O. BOX 1129 · BANGOR, ME 04402-1129
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Kathy Moriarty
 General Manager

Information for Meter Sizing and Cross-Connection Control

Service Address _____

Customer: _____ Phone: _____

Contractor/plumber: _____ Phone: _____

Each unit receiving service will be individually metered. A variance for a master meter in a multi-unit building may be allowed if the units share central hot water (heating or domestic use); however the water bill will be calculated based on the number of units plus consumption, i.e. a three-unit building with a master meter will be charged for three minimum water bills plus consumption over the minimum.

Variances to the meter policy for any other reason requires written application and approval by the Board of Trustees.

Accounts in a multi-unit building remain the responsibility of one entity unless there is a separate outside shut-off for each unit, or the meters are clustered in one location to which the District has unrestricted access. Failure to maintain access can result in denial of service.

Total number of units in building: _____

Type of use: Commercial Industrial Governmental
 Residential Fire protection _____

Describe use: _____

Predominately flushometers: Y N Used by public: Y N

| # | FIXTURE | # | FIXTURE | # | OTHER FIXTURES |
|---|----------------------|---|----------------------------|---|----------------|
| | Bathtubs/showerheads | | Utility sinks | | |
| | Toilet – tank | | Laundry tub/sink | | |
| | Toilet- flushometer | | Bar sinks | | |
| | Urinal – flushometer | | Dishwashers | | |
| | Urinal – tank | | Lavatory sinks | | |
| | Urinal – pedestal | | Clothes washers | | |
| | Drinking fountains | | Soda fountains | | |
| | Cuspidors | | Ice maker no refrigeration | | |
| | Kitchen sinks | | Hose connections | | |

Complete and sign reverse side

Additional Notes or Comments (i.e. continues flow needs or other water-use items):

Please check all that apply to this facility:

| | |
|----------------------------|---------------------------------|
| Chemical use/injection | Swimming pool/hot tub |
| Recycled water connection | Well |
| Sewer septic tank | Sewage treatment/pumping |
| Booster pump/pressure tank | Medical /dental/lab facilities |
| Irrigation system | Commercial laundry/dry cleaning |
| Solar panels | Plating facilities |
| Steam generation | Cooling system |
| Industrial processing | Car wash |
| Sand/gravel processing | Fire protection |
| Food prep/dishwashing | Photo development/printing |

Addition notes or comments (i.e. other connections or processes related to cross-connection classification):

I certify that the information provided above is true and accurate.

Signature: _____

Print name: _____ Date: _____

| | |
|-----------------------------|---------------------------------|
| <u>BWD USE</u> | |
| Calculated fixture units: | _____ |
| Estimated peak flow demand: | _____ |
| Required meter size: _____ | Required backflow device: _____ |
| Completed by: _____ | Date: _____ |