

Capacity Reservation Form



Date _____ Service Requested: _____ Water _____ Sewer _____

Name of Project _____ Area(Acres) _____

PROJECT ADDRESS – *THIS INFORMATION IS REQUIRED TO PROCESS APPLICATION (ATTACH LOCATION MAP) _____

Type Development: Residential _____ Commercial _____ Industrial _____ Other _____

(Explain) _____

Number and/or Size of Units _____

Estimated Flow: (Average Day) Water _____ Sewer _____ Fire _____

How will water and/or sewer be provided if not from ECUA? _____

Special Requirements: _____

Owner of Property: (type or print) _____

Address: _____ Phone: _____

Developer: (type or print) _____

Address: _____ Phone: _____

Engineer: (type or print) _____

Address: (type or print) _____ Phone: _____ Email: _____

Submitted By: (type or print) _____ Title: _____

Signature of Submitter _____ Title: _____

FOR ECUA USE:

MAP PAGE: _____

Nearest Water Line of Adequate Size: _____

Size: _____ Pressure: _____

Nearest Sewer Line of Adequate Size: _____

Size: _____ 1st L/S: _____ 2nd L/S: _____ Plant: _____

ECUA Sanitation? _____

Prepared By _____ Date _____ Reviewed By _____