

# CITY OF HAVERHILL WATER SERVICE APPLICATION

NOTE: This water service application expires one (1) year from the date of issuance below.

A supply of water has been requested for:

\_\_\_\_\_ (address assigned by the Haverhill City Engineer)

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Address: \_\_\_\_\_ (street #) \_\_\_\_\_ (street name)

Type of Water Service: ☐ New ☐ Residential ☐ Industrial ☐ Replacement ☐ Commercial ☐ Other

Explain other: \_\_\_\_\_

Owner Information: \_\_\_\_\_ (print full name) \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ (street #) \_\_\_\_\_ (street name) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

I agree to purchase a water meter and backflow device as required by the Haverhill Water Department (HWD) and have fully read and understand my responsibilities pertaining to this application. I am responsible for the accuracy of the information I am providing on the water service application. In the event of low water pressure, a pump or pressure booster may be required at the expense of the property owner or developer. Applicant must ensure that the reverse side is complete in accordance with Reference 248 CMR 10.14 (4) (c). The HWD shall not be responsible for any delays in processing this application due to inaccurate or missing information on this application. I agree to discontinue at the city main any abandoned water services to this property.

Owner/Authorized Agent's Signature: \_\_\_\_\_ (print full name) \_\_\_\_\_ (telephone #) \_\_\_\_\_ (date)

Will there be a dedicated fire service, fire suppression or life support system? ☐ Yes ☐ No  
Will there be a lawn sprinkler system? ☐ Yes ☐ No

## Commercial Industrial (ONLY)

Commercial dwellings must complete two (2) separate applications: (1) Water Service Application and (1) Fire Service Application

For a commercial property with a water service of 1½ diameter or greater must provide the average and maximum gallons per day (GPD) and gallons per minute (GPM).

Average GPD \_\_\_\_\_ Maximum GPD \_\_\_\_\_  
Average GPM \_\_\_\_\_ Maximum GPM \_\_\_\_\_

## THIS SPACE IS DEDICATED FOR FIRE SERVICE, FIRE SUPPRESSION OR LIFE SUPPORT SYSTEM ONLY

Area to be serviced in square feet: \_\_\_\_\_ Size of fire service main needed: \_\_\_\_  
Approved backflow preventer: Brand: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_  
Device #: \_\_\_\_\_ # of Heads: \_\_\_\_\_ Maximum Gallons Per Minute (GPM): \_\_\_\_\_

The information in this space must be stamped by a Massachusetts Professional Engineer.

## THIS SPACE FOR LAWN SPRINKLERS ONLY - LAWN SPRINKLERS REQUIRE A RAIN SENSOR

License #: \_\_\_\_\_ Number of Zones: \_\_\_\_\_ Deduct Meter: ☐ Yes ☐ No  
Approved back flow preventor: Brand: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_  
Device #: \_\_\_\_\_ # of Heads: \_\_\_\_\_ Maximum Gallons Per Minute (GPM): \_\_\_\_\_

## THIS SECTION TO BE COMPLETED BY HAVERHILL WATER DEPARTMENT

According to this information a \_\_\_\_\_ inch service (sized by a Massachusetts Licensed Plumber or Professional Engineer) is required to supply water to this building in the volume and pressure specified in Section 1 of the Massachusetts State Code.

Meter required: \_\_\_\_\_ inch Backflow device required: \_\_\_\_\_ inch Note: Automatic Meter Reading (AMR) Required

Check all required: ☐ Dual Check ☐ Double Check ☐ RPBD ☐ PVB Disc ☐ Compound ☐ Strainer

Main Pipe Extension Required ☐ Yes ☐ No  
Backflow Device Required ☐ Yes ☐ No  
BYPASS with Meter and Backflow Device ☐ Yes ☐ No  
Fire Suppression / Life Support ☐ Yes ☐ No

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ # of Units: \_\_\_\_\_ Viewpoint Permit #: ☐ Def Plan on File ☐ City Sewer

Table 1							
					FOR HWD USE ONLY		Formula
Type of Fixtures Per Unit	Number of Fixtures	Multiply	Demand Factor		HOT	COLD	
Drinking Fountains		X	1	=	NA		1. Add the Hot and Cold Column 2. Select Proper Demand Factor From Table 2 Below 3. Multiply Combine Total Plus Demand Factor from Table 2 4. Add Other Demand to Determine Capacity
Water Closets (Tank Type)		X	1	=	NA		
Bathroom Sink		X	1	=			
Bathtubs (With or Without Showerhead)		X	2	=			
Shower Stalls		X	2	=			
Kitchen Sinks		X	2	=			
Dishwasher (Domestic)		X	2	=		NA	
Laundry Tray or Washing Machine		X	2	=			
Hose Faucet		X	2	=	NA		
Urinals With Flushometer Valve		X	6	=	NA		
Water Closet With Flushometer Valve		X	12	=	NA		
Other (Specify)		X					
<b>TOTAL:</b>							

Total Factor Value: \_\_\_\_\_ X Demand Factor: =   Capacity: \_\_\_\_\_

A Capacity of: \_\_\_\_\_ Would Require a Service Size of: \_\_\_\_\_ Inch(s): \_\_\_\_\_

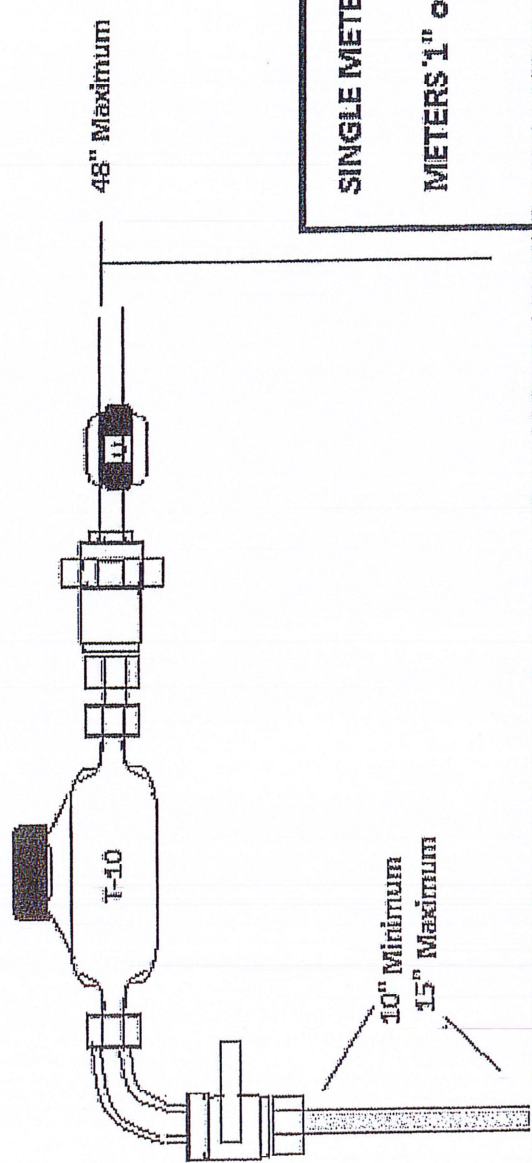
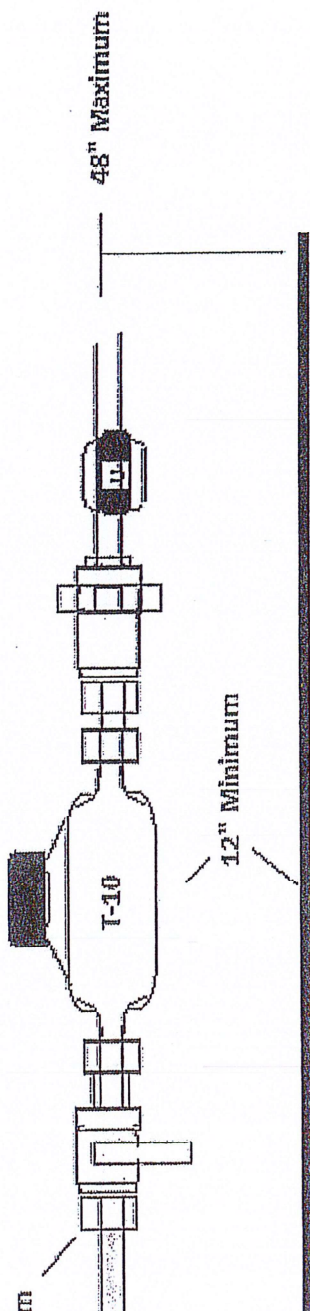
Table 2	
Occupancy Use	Demand Factor
Residence 1 or 2 Family	0.50
Multi-Residence	0.35
Hotel	0.70
School General	0.75
Shower Room	1.00
Institutional-General	0.45
Assembly-Restaurant-Café	0.70
Club House	0.60
Business – Merchandise - General	0.25
Laundry	1.00
Industrial-General Exclusive of Process Piping	0.90

Table 3		
Service Pipe Size	Capacity Value	
1"	9.1	to 16.5
1 ½"	16.6	to 55
2"	55.1	to 107.6
4"	107.66	to 700

Signature of Massachusetts Licensed Plumber or Professional Engineer

License # or Stamp

\_\_\_\_\_  
(Signature)



**SINGLE METER INSTALL  
METERS '1" or LESS**

- Meters to be protected against frost, mechanical damage, and should not present a safety hazard
- Meters and pipe must be adequately supported
- Meter seals are not to be removed
- No water used by the deduct meter can enter the city sewer system
- Deduct meter to be installed downstream from master (City) meter
- Deduct meter is to be considered a private meter
- No credits will be given on deduct meter until inspection is made
- All pipping for irrigation system to be open for inspection
- Rain sensor required

