



| VWD Requirements         |                          |
|--------------------------|--------------------------|
| DATE:                    |                          |
| Bldg Permit              | <input type="checkbox"/> |
| Occupancy                | <input type="checkbox"/> |
| Conditional Requirements | <input type="checkbox"/> |
| notes:                   |                          |

**WATER AND SEWER CAPACITY REVIEW WORKSHEET**

| APPLICANT INFORMATION  |         |       |         |  |
|--|---------|-------|---------|--|
| (Applicant/Prospective Tenant/ Company)  |         |       | (Date)  |  |
|  |         |       |         |  |
| (Contact Name)   |         |       | (Phone) |  |
|  |         |       |         |  |
| (Address)  |         |       | (Cell)  |  |
|  |         |       |         |  |
| (City)   | (State) | (Zip) | (FAX)   |  |
|  |         |       |         |  |
| (email address)  |         |       |         |  |
|  |         |       |         |  |
| OWNER INFORMATION  |         |       |         |  |
| Property Owner or Management Company   |         |       |         |  |
|  |         |       |         |  |
| (Contact Name)   |         |       | (Phone) |  |
|  |         |       |         |  |
| (Address)  |         |       | (Cell)  |  |
|  |         |       |         |  |
| (City)   | (State) | (Zip) | (FAX)   |  |
|  |         |       |         |  |
| (email address)  |         |       |         |  |
|  |         |       |         |  |
|  |         |       | (Date)  |  |
|  |         |       |         |  |
| PROJECT INFORMATION  |         |       |         |  |
| Business Name  |         |       |         |  |
|  |         |       |         |  |
| (Service Address)  |         |       |         |  |
|  |         |       |         |  |
| (City)   | (State) | (Zip) | (APN)   |  |
|  |         |       |         |  |
| Type of Business   |         |       |         |  |
|  |         |       |         |  |
| Project Description  |         |       |         |  |
|  |         |       |         |  |
| Previous Business (if known) Provide On-Site Plumbing Plans and Irrigation Plans (if applicable) |         |       |         |  |

Customer Acct No.:

Meter Size:

| <b>METER INFORMATION</b>   | <b>YES</b>                                 | <b>NO</b> | <b>Landscape</b>                        | <b>Domestic</b> | <b>Agricultural</b> | <b>Other</b> |
|--|--|-----------|---|-----------------|---------------------|--------------|
| New Water Connection Requested? **<br>MUST PROVIDE SITE PLANS FOR REVIEW.  |  |           |   |                 |                     |              |
| Estimated Average Monthly Water Demand for Domestic (in gallons):  |  |           |   |                 |                     |              |
| Estimated Average Monthly Water Demand for Landscape/Irrigation (in gallons):  |  |           |   |                 |                     |              |
| Estimated Peak Water Demand (in gallons per minute):   |  |           |   |                 |                     |              |
| Landscape/Irrigation Acreage or Sq. Footage  |  |           |   |                 |                     |              |
| Requested Meter Size:  |  |           |   |                 |                     |              |
| <b>** METER INFORMATION MUST BE PROVIDED FOR EACH METER REQUESTED. FINAL QUANTITY OF METERS AND SIZES ARE DETERMINED BY THE DISTRICT.</b>  |  |           |   |                 |                     |              |
| <b>WASTEWATER INFORMATION</b>  | <b>YES</b>                                 | <b>NO</b> | <b>Residential</b>                      | <b>Cmml</b>     | <b>Mixed Use</b>    | <b>MH</b>    |
| New Sewer Connection Requested? MUST PROVIDE SITE PLANS FOR REVIEW.  |  |           |   |                 |                     |              |
| <b>FATS, OILS &amp; GREASE (FOG)</b>   | <b>YES***</b>                              | <b>NO</b> | <b>Brief Description</b>                |                 |                     |              |
| Is there food and/or beverage prepared at the facility?  |  |           |   |                 |                     |              |
| Are there three compartment sink(s) installed at the facility?   |  |           |   |                 |                     |              |
| Are there floor drains installed in any area other than the restroom?  |  |           |   |                 |                     |              |
| Is there an existing grease interceptor or trap at the facility? If so what size?  |  |           |   |                 |                     |              |
| Is there onsite pre-treatment proposed for the facility?   |  |           |   |                 |                     |              |
| Will the Lead Agency be requiring the installation of a grease interceptor/trap?   |  |           |   |                 |                     |              |
| Are there solvents or hazardous materials used or stored at the facility?  |  |           |   |                 |                     |              |
| <b>*** If any of the following waste discharge or FOG conditions apply, the applicant will be required to contact the Vallecitos Water District Source Control Department - (760) 752-7161</b> |  |           |   |                 |                     |              |
| <b>WATER DISTRICT USE ONLY</b>   | <b>RECOMMENDED METER SIZE PER DISTRICT</b> |           |   |                 |                     |              |
| Existing Water Capacity  | EDU's                                      |           | Existing Meter(s) On-Site               |                 |                     |              |
| Existing Sewer Capacity  | EDU's                                      |           | Type (domestic, irrigation, commercial) |                 |                     |              |
| Additional Capacity Needed   | WATER                                      | SEWER     |   |                 |                     |              |
| VWD Development Services Tech  | Signature (required)                       |           |   | Date            |                     |              |
| VWD Source Control Specialist  | Signature (if applicable)                  |           |   | Date            |                     |              |