

VWD Requirements					
DATE:					
Bldg Permit					
Occupancy					
Conditional					
Requirements					
notes:					

WATER AND SEWER CAPACITY REVIEW WORKSHEET

APPLICAN	NT INFO	RMATION		
(Applicant/Prospective Tenant/ Company)] [(Date)
] [
(Contact Name)				(Phone)
(Address)				(Cell)
			1	
(City)	(State)	(Zip)	1	(FAX)
			1	
(email address)			┪	
,			1	
OWNER	RINFORM	MATION		
Property Owner or Management Company				
] [
(Contact Name)			_	(Phone)
(Address)]	(Cell)
(City)	(State)	(Zip)	<u> </u>	(FAX)
(email address)]	
			_	(Date)
			1	
PROJEC	T INFORI	MATION		
Business Name				
(Service Address)				
(City)	(State)	(Zip)		(APN)
Type of Business				
Project Description				
Previous Business (if known) Provide On-Site Plur	mbing Plan	s and Irrigatio	n Plans (if app	olicable)

METER INFORMATION	YES	NO	Landscape	Domestic	Agricultural	Othe
New Water Connection Requested? **						
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:						
** METER INFORMATION MUST BE PROV FINAL QUANTITY OF METERS AND SIZES			-			
WASTEWATER INFORMATION	YES	NO	Residential	Cmml	Mixed Use	МН
New Sewer Connection Requested? MUST						
PROVIDE SITE PLANS FOR REVIEW.				Dui of Door		
FATS, OILS & GREASE (FOG)	YES***	NO		Brief Desc	ription	
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?						
*** If any of the following waste discha	rge or FOG	conditions	apply, the appli	cant will be re	quired to contact	the
Vallecitos Water	District Sou	rce Control	Department - (7	60) 752-7161		
WATER DISTRICT USE ONLY	RECOMMENDED METER SIZE PER DISTRICT			DISTRICT		
Existing Water Capacity	EDU's		E>	isting Meter	(s) On-Site	
Existing Sewer Capacity	EDU's		Type (domestic, irriga		tion, commercia	al)
Additional Capacity Needed	WATER SEWER					
VWD Development Services Tech	Signature (required)		equired)		Date	
VWD Source Control Specialist	Signature (if applicable)				Date	

Customer Acct No.:

Meter Size: