

UTILITY CONNECTION PERMIT APPLICATION

Tracking #: \_\_\_\_\_

SECTION A - GENERAL INFORMATION

1. Requesting Activity: \_\_\_\_\_

2. Point of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Project Location: \_\_\_\_\_

4. Type of Work: (Check all that apply.)

- New Construction                       Building Addition                       Renovation
- Demolition/Utility Disconnection     Repair                                       Utility Upgrade

5. Work will involve the following utilities: (Check all that apply.)

- Water                       Sewer                       Electric                       Steam                       Gas

a. If Sewer is checked, will the connection be permanent or temporary?

- Permanent     Temporary (Proceed to question 6)

b. If a permanent connection is required and this project involves construction, contact the NAVFAC XXXXXX Environmental Business Line (Code EV) to determine if CTC/CTO is required before proceeding.

6. Work to be performed by:

- ROICC Contract                                       NAVFAC XXXXXX Maintenance Department
- Contract     NAVFAC XXXXXX Utilities and Energy Management Product Line
- Other: \_\_\_\_\_

7. Contract Title: \_\_\_\_\_

Contract/J.O./MAXIMO Number: \_\_\_\_\_ Drawing Number: \_\_\_\_\_

- NAVFAC     NAVFAC XXXXXX     Design Activity     Other: \_\_\_\_\_

NOTE: Submit a complete set of drawings with the application. Include specifications if available.

- SPECIFICATIONS INCLUDED:     YES                       NO
- DESIGN CALCULATIONS INCLUDED:     YES                       NO

8. Designed by Firm/Activity: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Submitted by: (This is usually the Engineer in Charge (EIC) or AIC.):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Request Date: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved     Disapproved

SECTION B - WATER

PART A - DOMESTIC WATER SERVICE CONNECTIONS

Complete the following for all domestic water service connections to water distribution system lines.

1. Number of Domestic Water Service Connections

(a) Existing service connections disconnected from water line \_\_\_\_\_

(b) New service connections connected to water line \_\_\_\_\_

2. List the following for all new domestic water service connections to water distribution system lines. See Instructions for clarification.

(a) Pipe Size(s) \_\_\_\_\_

(b) Pipe Material(s) \_\_\_\_\_

(c) Pipe Class or Schedule \_\_\_\_\_

(d) Required Capacity (in gpm) \_\_\_\_\_

(e) Required Pressure (in psi) \_\_\_\_\_

(f) Meter Size(s) \_\_\_\_\_

(g) Meter Type(s) \_\_\_\_\_

(h) Backflow Preventer (Yes/No) \_\_\_\_\_

PART B - FIRE PROTECTION (HIGH PRESSURE/NON-POTABLE) WATER SERVICE CONNECTIONS

Complete the following for all fire protection (high pressure/non-potable) water service connections to fire protection system lines.

1. Number of Fire Protection (High Pressure/Non-Potable) Water Service Connections

(a) Number of existing service connections disconnected from fire protection line \_\_\_\_\_

(b) Number of new service connections connected to fire protection line \_\_\_\_\_

2. List the following for all new fire protection (high pressure/non-potable) water service connections to fire protection system lines. See Instructions for clarification.

(a) Pipe Size(s) \_\_\_\_\_

(b) Pipe Material(s) \_\_\_\_\_

(c) Pipe Class or Schedule \_\_\_\_\_

(d) Required Capacity (in gpm) \_\_\_\_\_

(e) Required Pressure (in psi) \_\_\_\_\_

(f) Backflow Preventer (Yes/No) \_\_\_\_\_

SECTION C - SANITARY SEWER

PART A - SANITARY SEWER LATERAL CONNECTIONS

Complete the following information for work involving all sanitary sewer lateral connections to sanitary sewer mains.

1. Number of Sanitary Sewer Laterals

(a) Existing laterals disconnected from sanitary sewer main \_\_\_\_\_

(b) New laterals connected to sanitary sewer main \_\_\_\_\_

2. List the following for all new sanitary sewer lateral connections. See Instructions for clarification.

(a) Pipe Size(s) \_\_\_\_\_

(b) Pipe Material(s) \_\_\_\_\_

(c) Pipe Class or Schedule \_\_\_\_\_

(d) Total Added Design Capacity (gpm) \_\_\_\_\_

3. Type of Discharge from New Sanitary Sewer Laterals

(a) Building Type: (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Office                | <input type="checkbox"/> Residential Housing | <input type="checkbox"/> Recreational    |
| <input type="checkbox"/> Warehouse             | <input type="checkbox"/> Food Service        | <input type="checkbox"/> Fuel Depot      |
| <input type="checkbox"/> Commercial            | <input type="checkbox"/> Barracks            | <input type="checkbox"/> Trng. Facility  |
| <input type="checkbox"/> Medical               | <input type="checkbox"/> Industrial          | <input type="checkbox"/> Aircraft Hangar |
| <input type="checkbox"/> Other (Specify) _____ |  |  |

(b) Indicate below any of the operations occurring in the above buildings: (Please check all that apply. If none of these apply, check N/A.)

- N/A
- Food Preparation Operations
- Photo Processing or X-Ray Operations
- Laboratory or Clinics
- Industrial Laundry or Dry Cleaning
- Printing Operations (other than copy machines for office use)
- Handling or Collecting Used Oils, Solvents, Degreasers, or HW
- Grease Traps

PART B - SANITARY SEWER MAINS

Complete the following information for work involving all sanitary sewer mains.

1. Number of sanitary sewer manholes abandoned \_\_\_\_\_
2. Number of sanitary sewer manholes installed \_\_\_\_\_
3. Linear feet of sanitary sewer main abandoned \_\_\_\_\_
4. Linear feet of sanitary sewer main installed \_\_\_\_\_
5. List the following for all new sanitary sewer mains:
  - (a) Pipe Size(s) \_\_\_\_\_
  - (b) Pipe Material(s) \_\_\_\_\_
  - (c) Pipe Class or Schedule \_\_\_\_\_

PART C - SANITARY SEWER PUMP STATIONS

Complete the following information for work involving all sanitary sewer pump stations.

1. Number of sanitary sewer pump stations abandoned \_\_\_\_\_
2. Number of sanitary sewer pump stations installed \_\_\_\_\_
3. Number of pumps installed at each pump station \_\_\_\_\_
4. Size of each pump installed \_\_\_\_\_
5. Attach details for pump station cut sheets, pump/ system curves, visible and audible alarms/ channels, bypass pump connections, valve and check valve connections, and wet well level monitoring systems.

SECTION D - ELECTRIC

PART A - PRIMARY

If the work involves the primary, complete the following:

1. System Voltage:     34.5 KV     19.9KV     13.2 KV     11.5 KV  
                          4.16 KV     2.4 KV     2.3 KV

TRANSFORMER:

2. Installation:     New     Upgrade Existing     Repair
3. Type:     Pad mount     Unit Substation     Pole mount     Station
4. Primary BIL:     200 KV     150 KV     95 KV     60 KV  
Secondary BIL:     150 KV     95 KV     60 KV     30 KV
5. Rating: \_\_\_\_\_ KVA
6. Primary Connection:     Live Front     Dead Front

PRIMARY CONNECTION:

7.  Overhead     Underground
8. Conductor Size: \_\_\_\_\_  Copper     Aluminum
9. Type: \_\_\_\_\_
10. Insulation Level:     133%     100%
11. Point of Connection to Utility: (Check all that apply)
- Existing Distrib. Switch     Splice in Manhole     Overhead Line Tap
- New Distribution Switch     Other. (Specify.) \_\_\_\_\_
- Primary Circuit to be connected to (if known): \_\_\_\_\_

PART B - SECONDARY

If the work involves the secondary, complete the following:

12. Installation:  New     Upgrade (Load study required)     Repair
13. Transformer Load Study Performed:  Yes (Provide)     No - Date expected:
14. Watt-hour meter: Form \_\_\_\_\_
- Type:  Transformer rated     Self-contained

SECTION E - STEAM

1. Purpose of new line/service: (Please check all that apply.)

- Building Heating                       Water Heating                       AC/Humidity Control  
 Other (Specify) \_\_\_\_\_

2. Size of New Line \_\_\_\_\_

3. Size of Existing Line at Connection Point \_\_\_\_\_

4. Required Capacity (lbs./hr.) \_\_\_\_\_

5. Required Pressure (psi) \_\_\_\_\_

6. Meter model/size: \_\_\_\_\_

SECTION F - NATURAL GAS

1. Size of New Line \_\_\_\_\_

2. Size of Existing Line at Connection Point \_\_\_\_\_

3. Pipe Material \_\_\_\_\_

4. Required Capacity \_\_\_\_\_

5. Required Service Pressure \_\_\_\_\_

6. Meter model/size: \_\_\_\_\_

