

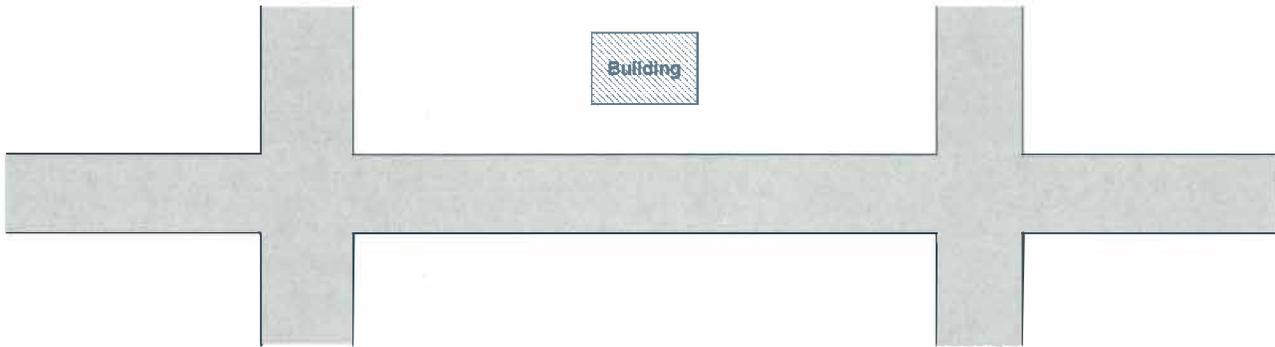


★ I AM APPLYING FOR:

- Domestic Service, Fire Service, Irrigation Service

★ SERVICE LOCATION:

Street Address, Town, County, Block, Lot, Property is situated between streets & Please sketch your preferred service location on diagram below:



★ APPLICANT INFORMATION:

Name, Address, Town, Phone, Cell, Fax

★ BILLING INFORMATION (party responsible for bill):

Name, Address, Town, Phone, Cell, Fax, Email

★ BUILDING OWNER INFORMATION (if different from billing information):

Name, Address, Town, Phone, Cell, Fax, Email

★ THIS PROPERTY IS:

- New construction, Existing building, Subdivision, Demolition, Vacant Land, Currently using well water

★ USE OF SERVICE:

- Single Family, Multi-Family (2 - 4 units), Apartments (5 unit and up), Total # Bedrooms, Total # Bathrooms, Other (describe), Commercial, Irrigation only



★ COMPLETE FOR DOMESTIC WATER SERVICE

(Provide NJAW Demand Worksheet and NJAW Fixture Count Data Sheet for service greater than 1 inch)

Is there an existing domestic service at the property? Yes No

If yes, do you want to: Replace/Upgrade the existing service Add a new service (keep the existing service)

What size meter are you requesting? _____ (Standard single-family is 5/8" meter, approximately 20 GPM)

What is your GPM requirement if greater than 20 GPM? _____

★ COMPLETE FOR FIRE SERVICE

Is there an existing fire service at the property? Yes No

If yes, do you want to: Replace/Upgrade the existing service Add a new service (keep the existing service)

What size fire service are you requesting? _____

Number of buildings _____ Building use _____ Type of construction _____

Number of sprinkler heads _____ Number of hydrants _____ Number of Fire Dept. connections _____

Wet or Dry system _____ Type of backflow device (name/model) _____

Fire Sprinkler plans must be submitted/reviewed by the local fire official, who should sign here that they have seen plans:

Print name _____ Title _____

Signature _____ Date _____

★ COMPLETE FOR IRRIGATION SERVICE

What size meter are you requesting? _____ What is your GPM requirement? _____

★ APPLICANT, PLEASE COMPLETE AND SIGN BELOW:

I understand that these services are subject to the rates and conditions of the South Orange Village Water Utility.

I understand that I will be billed for water usage on fire services.

I understand that water distribution system pressure varies throughout the system and that it is the applicant's and/or their agent's responsibility to inquire as to the maximum system pressure they will be connecting to and to ensure their plumbing system is in compliance with all applicable code requirements.

I understand that a Backflow Device is required for domestic services on commercial accounts and for all fire services.

Existing well, if any, will be physically removed.

Print name _____ Title _____

Signature _____ Date _____

★ MUNICIPAL APPROVAL:

After completing this form and all attachments, the applicant must transmit this form and all supporting documents to the Water Utility Administrator (via email hlevison@southorange.org) for review of this new connection.

Water Utility Administrator _____ Date _____

After securing municipal approval, the applicant must transmit this form and all supporting documents to the Customer Service Center at SouthOrangeCustomerService@faneuil.com for creation of a work order to install this new connection. Maintain a record copy of all documents and correspondence for your records.

FIXTURE COUNT DATA SHEET

SERVICE ADDRESS _____

PRINT NAME _____ **PHONE #** _____ **DATE** _____

FIXTURE	QTY		FIXTURE VALUE		TOTAL
Bathtub		x	8	=	
Shower Head (Shower Only)		x	4	=	
Bedpan Washers		x	10	=	
Combination Sink And Tray		x	3	=	
Dental Unit		x	1	=	
Dental Lavatory		x	2	=	
Drinking Fountain- Cooler		x	1	=	
Drinking Fountain- Public		x	2	=	
Kitchen Sink- 1/2" Conn.		x	3	=	
Kitchen Sink- 3/4" Conn.		x	7	=	
Lavatory Sink- 3/8" Conn.		x	2	=	
Lavatory Sink- 1/2" Conn.		x	4	=	
Laundry Tray- 1/2" Conn.		x	3	=	
Laundry Tray- 3/4" Conn.		x	7	=	
Service Sink- 1/2" Conn.		x	3	=	
Service Sink- 3/4" Conn.		x	7	=	
Urinal- Pedestal Flush Valve		x	35	=	
Urinal- Wall Flush Valve		x	12	=	
Toilet- Tank Type		x	3	=	
Toilet- Flush-O-Meter Type		x	35	=	
Wash Sink- (each set of faucets)		x	4	=	
Dishwasher- 1/2" Conn.		x	5	=	
Dishwasher- 3/4" Conn.		x	10	=	
Washing Machine- 1/2" Conn.		x	5	=	
Washing Machine- 3/4" Conn.		x	12	=	
Washing Machine- 1" Conn.		x	25	=	
Hose Conn.- 1/2"		x	6	=	
Hose Conn.- 5/8"		x	9	=	
Hose Conn.- 3/4"		x	12	=	
Fixture Value Total =					
Fixed Loads (if any) =					

DO NOT WRITE IN THIS SECTION. WATER COMPANY USE ONLY.

Total Calculated Peak Demand: _____ **Recommended Meter Size:** _____

Needed Fire Flow (NFF) Calculation Worksheet



NEW JERSEY AMERICAN WATER

For Residential Buildings, see Tab 1 - Residential Fire Flow

For Non-Residential Buildings with a fully sprinklered system, see Tab 2 - Non-Residential Sprinkler

Print and Sign Tab 3 - Sign off sheet

Preparer: Please fill in only the yellow shaded cells on worksheets

Municipal Fire Official or assigned Delegate: Please fill in only the blue shaded cells as appropriate on Sign Off Sheet

The ability of a distribution system to provide safe, adequate and reliable service to its customers is analyzed based on forecasted customer demands and the Needed Fire Flow (NFF). Hydraulic computer modeling of the distribution system is utilized as the primary tool in the analysis. The model will determine system adequacy/deficiency and evaluate the effectiveness of proposed improvements under requested fire demand conditions. Published manuals from the ISO are used as a guide in determining the NFF. The calculations and tables contained within are obtained from the ISO's *Guide For Determination of Needed Fire Flow*, Edition 06-2014.

*This worksheet is only a guide and in no way does New Jersey American Water take responsibility for the calculated Needed Fire Flow indicated within. In some cases the requested Needed Fire Flow for a site may be more or less based on other factors not accounted for in this worksheet. ISO's municipal fire protection testing may identify sites with needed fire flows greater than 3,500 gpm for a duration of three hours. In many pressure zones, particularly in residential areas, the identified maximum is less than 3,500 gpm. Where individual structures are assigned ISO Needed Flows above 3,500 gpm, fire protection needs in excess of 3,500 gpm at these sites will be satisfied through the development of individual customer-owned fire suppression systems.

References:

Guide for Determination of Needed Fire Flow. Rep. 06-2014 ed. N.p.: Insurance Services Office, 2014. Print.
Fire Suppression Rating Schedule. Rep. N.p.: Insurance Services Office, 2012. Print.

1. Residential

Needed Fire Flow (NFF) (Refer to Table and Notes below)	*Example*	GPM @ 20 psi
	750	

For 1- and 2-family dwellings not exceeding 2 stories with an Effective Area* of 4800 Square Feet or less, use the following Needed Fire Flows:

Distance Between Buildings	Needed Fire Flow
More than 30 feet	500 gpm
21-30 feet	750 gpm
11-20 feet	1,000 gpm
0-10 feet	1,500 gpm

Residential with Automatic Fire Sprinkler System

For a 1- or 2-family dwelling protected with an automatic fire sprinkler system installed in accordance with the general criteria of NFPA 13D, *Installation of Sprinkler Systems for One-and Two-Family Dwellings and Manufactured Homes*, the Needed Fire Flow is either the **demand at the base of the automatic sprinkler riser or 500 gpm, whichever is greater.**

The NFF for residential occupancies (such as **apartment buildings, lodgings and rooming houses, board and care facilities, hotels, motels and dormitories**) protected by an automatic fire sprinkler system installed in accordance with the general criteria of NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height*, is either the **demand at the base of the automatic sprinkler riser or 1000 gpm, whichever is greater.**

Residential with Effective Area* of greater than 4800 square feet

For a 1- or 2-family dwelling with an Effective Area* greater than 4,800 square feet, **refer to ISO's Guide for Determination of Needed Fire Flow, Edition 06-2014.**

* To calculate Effective Area refer to ISO's Guide for Determination of Needed Fire Flow, Edition 06-2014.

References:

Guide for Determination of Needed Fire Flow. Rep. 06-2014 ed. N.p.: Insurance Services Office, 2014. Print.
Fire Suppression Rating Schedule. Rep. N.p.: Insurance Services Office, 2012. Print.

2. Non-Residential, Fully Sprinklered

Fill in the Demand at the Base of the Automatic Sprinkler Riser and the NFPA 13 Hose Stream Demand

For projects with multiple buildings, fill out for the highest demand building.	GPM @ 20 psi
Demand at the Base of the Automatic Sprinkler Riser	
NFPA 13 Hose Stream Demand	
Needed Fire Flow (NFF) *	0

** Minimum NFF is 500 GPM*

If a fire pump is required, please provide the following information		
Pump Flow Rate		GPM
Total Dynamic Head		feet

Notes

The Needed Fire Flow (NFF) for commercial occupancies protected by an automatic fire sprinkler system installed in accordance with the general criteria of NFPA 13, *Standard for Installation of Sprinkler Systems*, is **the demand at the base of the automatic sprinkler riser and inside/outside hose stream demand.**

For Non-Residential, not fully sprinklered buildings refer to ISO's *Guide for Determination of Needed Fire Flow*, Edition 06-2014.

References:

Guide for Determination of Needed Fire Flow. Rep. 06-2014 ed. N.p.: Insurance Services Office, 2014. Print.

Fire Suppression Rating Schedule. Rep. N.p.: Insurance Services Office, 2012. Print.

3 - Sign Off Sheet

Residential Fire Flow	
Needed Fire Flow (per ISO)	0
Total Needed Fire Flow <small>(if higher flow amount requested by township official)</small>	

GPM @ 20 psi

GPM @ 20 psi

Non-Residential, Fully Sprinklered	
Needed Fire Flow (per ISO)	0
Total Needed Fire Flow <small>(if higher flow amount requested by township official)</small>	

GPM @ 20 psi

GPM @ 20 psi

Note: Please Provide Both Signatures

Project Name: _____

Project Address: _____

Prepared By: _____

Signature: _____

Title: _____

Date: _____

Phone # _____

Signing this sheet is only an **acknowledgement** of the NFF.
It **does not** imply a review and approval of the NFF calculations.

Municipal Fire Official or Delegate

(Print name): _____

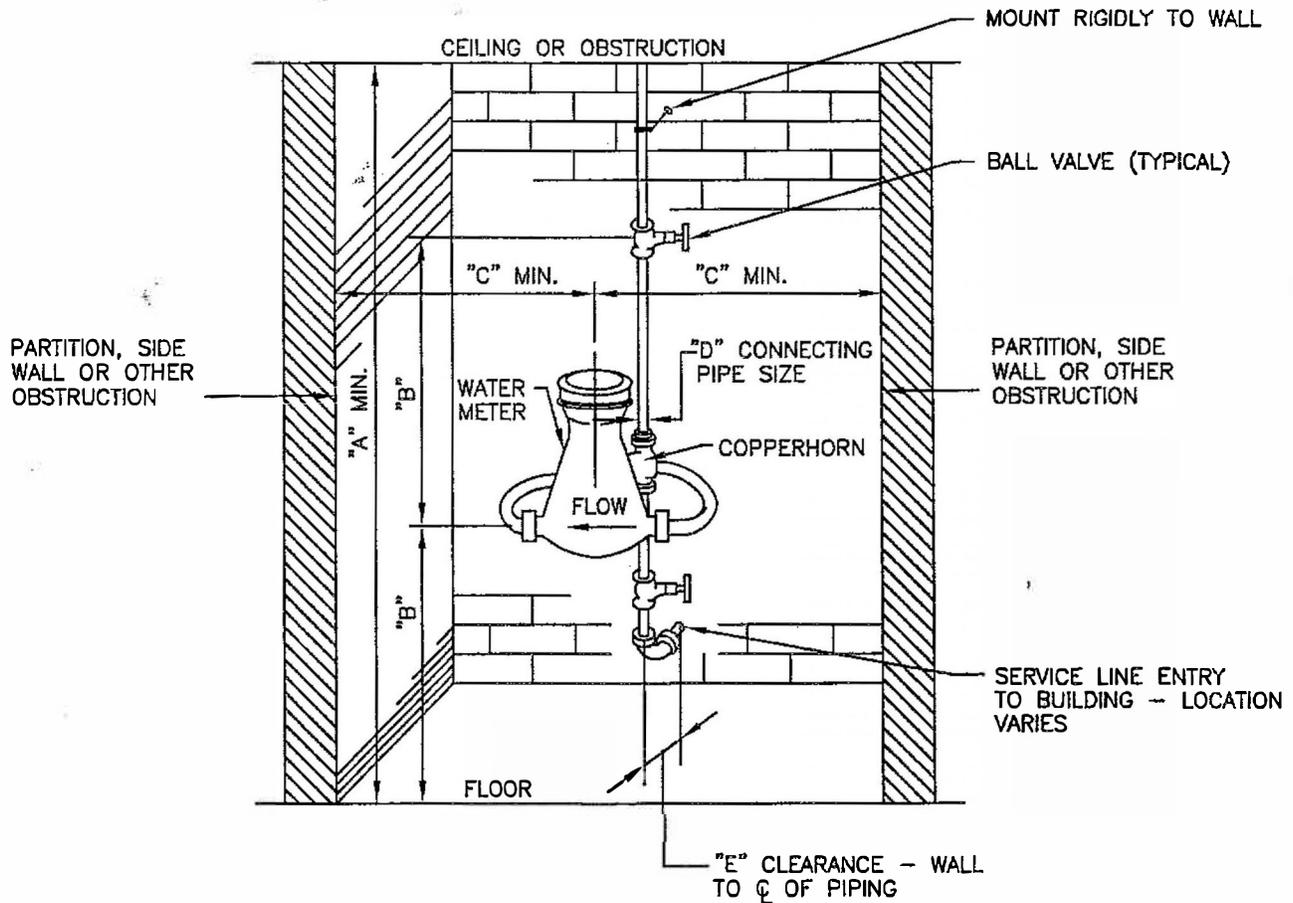
Municipality _____

Signature: _____

Title: _____

Date: _____

Phone # _____



NOTE:

COPPERHORN (METER SETTER) AND METER WILL BE INSTALLED BY THE WATER COMPANY; ALL OTHER PIPING BY CUSTOMER.

COPPERHORN NO.	METER SIZE	"A" MIN.	"B"		"C" MIN.	"D" I.P. OR COPPER	"E" MIN.
			MIN.	MAX.			
1	5/8"	6'-0"	18"	36"	18"	3/4"	2"
2	5/8" X 3/4"	6'-0"	18"	36"	18"	3/4"	2"
3	3/4"	6'-0"	18"	36"	18"	3/4"	2"
4	1"	6'-0"	18"	36"	18"	1"	2"

NOTES:

1. METER MUST BE LOCATED WHERE SERVICE LINE ENTERS PREMISES.
2. NO STORED MATERIALS OR OTHER OBSTRUCTIONS TO BE PLACED IN PATH OF ACCESS TO METER.

**TYPICAL INSIDE SET DIAGRAM
(For Edison Water, Liberty Water and
South Orange Village Water Utility)**

NOTES

1. A BACKFLOW DEVICE IS REQUIRED BY THE NJDEP. THE BACKFLOW DEVICE IS FURNISHED & INSTALLED BY CUSTOMER. THE BACKFLOW DEVICE MUST BE PLACED BEFORE THE FIRST CONNECTION.
2. CUSTOMER MUST ACCOUNT FOR THE INSTALLATION OF A PRESSURE REDUCING VALVE, IF REQUIRED.

LEGEND

A - VALVES

OS&Y GATE VALVE WITH FLANGED ENDS. FURNISHED & INSTALLED BY CUSTOMER

B - DETECTOR CHECK VALVE

FURNISHED BY WATER CO
INSTALLED BY CUSTOMER, contact local office for details.

C - STRAINER

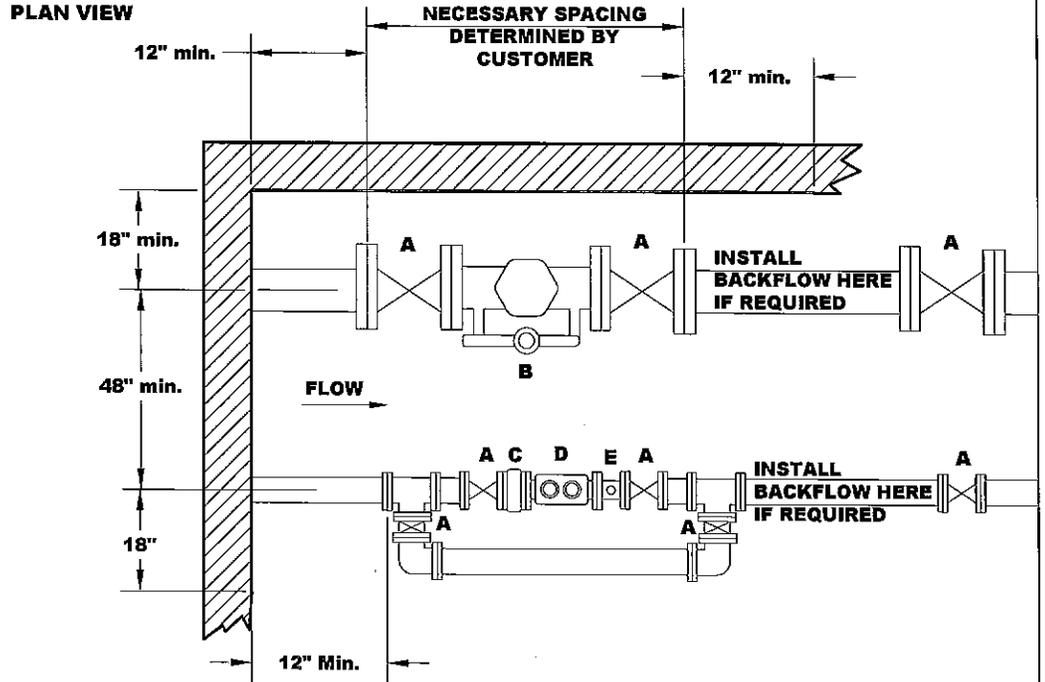
FURNISHED BY WATER CO
TYPICALLY INSTALLED BY WATER CO., contact local office for details.

D - COMPOUND OR TURBINE METER

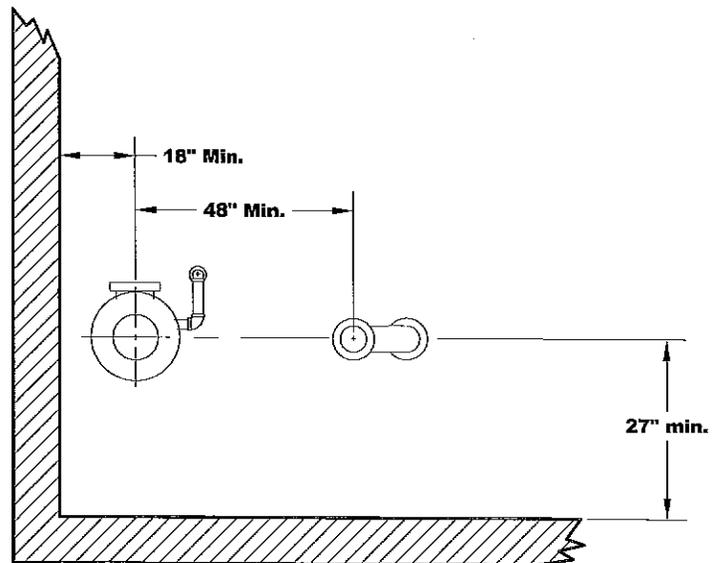
FURNISHED BY WATER CO
TYPICALLY INSTALLED BY WATER CO., contact local office for details.

E - TEST ASSEMBLY

FURNISHED BY CUSTOMER
Contact local office for details.



ELEVATION VIEW



**NEW JERSEY
AMERICAN WATER**

TYPICAL INSIDE SET DIAGRAM
FIELD SERVICES DEPARTMENT