| VILLAGE OF JOHNSON WATER ALLOCATION/CONNECTION APPLICATION | | | | | | | | |
|--|----------------------------------|---------------------------|------------|---------------|----------|--|--|--|
| APPLICANT NAME: | | Date: | | W Permit # | | | | |
| Location of property: | | Phone: | | | | | | |
| Applicant Signature: | | Owner Signature | | | | | | |
| Type of Request: (check | one or more below) | | | | • | | | |
| Renewal of permit: | , | Existing Permitted | | | | | | |
| Increase in capacity: | | capacity | | | | | | |
| New Connection: | | | | | | | | |
| Change in use | | | | | | | | |
| Other: | | | | | | | | |
| Existing Use: (check one or more below) Proposed Use: (check one or more below) | | | | | | | | |
| , | ŕ | · | | # of existing | # of new | | | |
| | | | | bedrooms | bedrooms | | | |
| Residential Single Family | | Residential Single Family | | | | | | |
| Residential Multi Unit | | Residential Multi Unit | | | | | | |
| Commercial | | Commercial | | | | | | |
| Industrial | | Industrial | | | | | | |
| Other | | Other | | | | | | |
| I certify I will use low fixtu | ures in order to receive 10% rec | | yes | no | | | | |
| , | | | , | | | | | |
| Flow Quantities in Gallon | s Per Day Generated by Propo | sed Use: (from EPR Appe | ndix 1-7A) | | | | | |
| Establishment | | Gal/Per/Day | # units | total GPD | | | | |
| Assembly Area Conference | Rooms | 5 | | 0 | | | | |
| Bathhouses Pools | | 5 | | 0 | | | | |
| | 75gpd/lane | 75 | | 0 | | | | |
| Camps: Construction (per p | | 50 | | 0 | | | | |
| Camps: Day (no meals) pe | | | | 0 | | | | |
| | h &day) w plumbing per person | 50 | | 0 | | | | |
| Campground: no units w/pl | | 75 | | 0 | | | | |
| Campground: no units w/pl | | 100 | | 0 | | | | |
| Campground: units with plu | | | | o | | | | |
| | on < 7 mo (50 +25 gpd/site) | 75 | | o | | | | |
| Served by individual hook u | | 75 | | 0 | | | | |
| · · · · · · · · · · · · · · · · · · · | on > 7 mo (90 +35 gpd/site) | 125 | | 0 | | | | |
| Served by individual hook u | | 125 | | 0 | | | | |
| Seasonal RV Site w individ | | | 0 | | | | | |
| RV owned by occupant (pe | • | 75 | | 0 | | | | |
| RV owned by occupant (pe | • | 125 | | 0 | | | | |
| RV not owned by occupant | | 125 | | 0 | | | | |
| RV not owned by occupant | (per site)> 7mo | 175 | | 0 | | | | |
| Cabins w RV type plumbing | | 125 | | 0 | | | | |
| Cabins w RV type plumbing | g > 7 mo (per site) | 175 | | 0 | | | | |
| Cabins w conventional plun | , | 50 | | 0 | | | | |
| · · · · · · · · · · · · · · · · · · · | laundry facilities per person | 70 | | 0 | | | | |
| | ome as RV: 1st bedroom /site | 140 | | 0 | | | | |
| each additional bedroom pe | | 100 | | 0 | | | | |
| each additional bedroom pe | | 140 | | 0 | | | | |
| Cafeterias (per seat) | | 50 | | 0 | | | | |
| Churches | | | | 0 | | | | |
| sanctuary seating x 25% | | 5 | | 0 | | | | |
| church suppers | | 8 | | 0 | | | | |
| Country Club (per resident | member) | 100 | | 0 | | | | |
| per non resident member | , | 25 | | Ö | | | | |
| Day Cares (per person) | | | | Ö | | | | |
| no meals | | 15 | | Ö | | | | |

| one meal | | 20 | | 0 |
|--|------------------|-----|---------|-----------|
| two meals | | 25 | | 0 |
| Dentists Office | | | | 0 |
| Per Staff member | | 35 | | 0 |
| Per Chair (add both numbers) | | 200 | | 0 |
| Doctors Office | | | | 0 |
| Staff member | | 35 | | 0 |
| Patients (add both numbers) | | 10 | | 0 |
| Room Rentals | | | | 0 |
| Boarding Houses (per person) | | 50 | | 0 |
| add for each non resident boarders | | 10 | | 0 |
| Establishment | Gal/Person/Day | | # units | Total GPD |
| Rooming Houses (per occupant bed space) | | 40 | | 0 |
| Single Family (150 gpd/bedroom less 10% for low flow fixtu | ırı | 150 | 0 | 0 |
| Multi Family Rental 70gpd/person w 2 persons/bedroom 10 |) % | 70 | | 0 |
| Factories | | | | 0 |
| (gal. per person per shift, exclusive of industrial waste) | | 15 | | 0 |
| Gyms | | | | 0 |
| Participant | | 10 | | 0 |
| Spectator | | 3 | | 0 |
| Hairdressers | | | | 0 |
| Per operator | | 10 | | 0 |
| Per Chair (add both) | | 150 | | 0 |
| Hospitals (per bed space) | | 250 | | 0 |
| Hotels with private baths (per person sleeping space) | | 50 | | 0 |
| Institutions other than hospitals (per bed) | | 125 | | 0 |
| Laundries (gal/machine) | | 500 | | 0 |
| Mobile Homes Parks | | 000 | | 0 |
| four or fewer trailers (per space) | | 450 | | 0 |
| five or more trailers (per space) | | 250 | | 0 |
| Motels w bath/toilet (per person sleeping space) | | 50 | | 0 |
| Picnic parks (toilet wastes only/picnicker) | | 5 | | 0 |
| Restaurant (toilets & kitchen waste per seat bar included) | | 30 | | 0 |
| Additional per seat if serving three meals/day | | 15 | | 0 |
| Schools | | 15 | | 0 |
| Boarding | | 100 | | 0 |
| | | 15 | | |
| Day w/o gyms, cafeterias or showers | | 25 | | 0 |
| w gyms, cafeterias, showers | | | | 0 |
| w cafeterias but no showers gyms | | 20 | | 0 |
| Service Stations (per first set of pump) | | 500 | | 0 |
| for each set after first set | | 300 | | 0 |
| Sewer Line infiltration 300 gal/inpipe/dia/mile/day | | | | 0 |
| Shopping Centers/Stores | F ODD (400 - 1) | | | 0 |
| Large Dry Goods | 5 GPD/100sq ft | | | |
| Large Supermarket (meat but no garbage grinder) | 7.5 GPD/100sq ft | | | |
| Large Supermarket (meat w garbage grinder) | 11 GPD/100sq ft | | | |
| Small Dry Goods in shopping center | 100 GPD/store | _ | | |
| Theaters/Drive Ins per seat or space | | 5 | | 0 |
| Veterinary Clinic (3 or less doctors) | 750/-1: : | | | 0 |
| without boarding | 750/clinic | | | |
| with boarding | 1500/clinic | | | _ |
| Workers | | | | 0 |
| Construction (semi permanent sites) | | 50 | | 0 |
| Day at schools and offices (per shift) | | 15 | | 0 |
| TOTAL ALLOCATION NEEDED | | | | 0 |

| * elderly housing can be calculated at 1.5 persons per bedroom | | | | | | |
|--|--|------------------------------|--|--|--|--|
| where app.calculator automatically applies 10% to reduction to flows for hook up to municipal system | | | | | | |
| DO NOT COMPLETE INFORMATION BELOW THIS LINE | | | | | | |
| FEE CALCULATION | | | | | | |
| Application Fee (all application Fee) # of Eqivalent Units Residual | | 0.00 | \$0.00 | | | |
| • | Residential (1E.U. = 405gpd) | 0.00 | | | | |
| | eeded / 405) (New: if less .75, u | | | | | |
| Connection Fee* | seded / 403) (New. II less ./3, d | se .75 Onange of use. If I | Rate | | | |
| | residential single family | 0 | = | | | |
| | residential multi unit | | \$ 350.00 \$0.00 | | | |
| | commercial | | \$ 350.00 \$0.00 | | | |
| | industrial (by board) | | \$ 350.00 \$0.00 | | | |
| | other (by board) | | \$0.00 | | | |
| Total Connection Fee | , | | \$0.00 | | | |
| | | | | | | |
| Capacity Allocation Fee* | | # of GPD | Rate Fee | | | |
| *due annually until connection to s | system | 0 | \$ 1.00 \$0.00 | | | |
| *reduced by existing permitted cap | pacity | | | | | |
| Total Due Village User | | | \$0.00 | | | |
| | | | | | | |
| | IENT OF RESERVE CAPACITY | • • | | | | |
| 1) Preliminary commitment | | granted | denied | | | |
| | the Water System Rules & Regula | | | | | |
| • | t of reserve in GPD is made in the | | 0 | | | |
| | shall expire one year from date so I shall be accompanied by information | | a and all face | | | |
| 4) Review of Final approval | Shall be accompanied by informa- | ation required by Ordinarica | e and an rees. | | | |
| Date of approval | | Expiration date: | | | | |
| Signed by: | | Expiration date: | | | | |
| eighea by | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| FINAL APPROVAL OF RE | SERVE CAPACITY (subject to t | he following) | | | | |
| 1) Receipt of all Village fees | | | YES/NO? | | | |
| | uired plans for Final Approval red | | | | | |
| | ons and use of water system subj | | | | | |
| 4) Additional capacity allocation fees due for 2nd and 3rd year subject to Sec 1 of Water System Rules & Regulations | | | | | | |
| 5 Final Approval in GPD made | in the following amount | 0 | based on approved plans. | | | |
| | | | | | | |
| Data of amount | | la Va Familia d'a la lata | | | | |
| Date of approval | | 1 Yr Expiration date: | | | | |
| Signed by: | | 3 Yr Expiration date: | | | | |
| | | 2nd yr fee due date: | | | | |
| | | 3rd yr fee due date: | | | | |
| | | | | | | |
| | | | | | | |
| Total capacity allocated to | o structure in GPD | | 0 | | | |
| Conditions/Notes: | | | | | | |
| All permits subject to Water System Rules & Regulations | | | | | | |
| | er installations must be inspected | | The state of the s | | | |
| | rb stop to the house are the response | | nd must be maintained | | | |
| IWater meters must be prote | ected from damage and freezing | by the customer | | | | |

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| Civil Rights and Eq | ual Opport | unity | | | | |
| <u> </u> | | J | | | | |
| The following information is | requested by tl | ne Federal Govern | ment in order to monitor th | e Provider/Le | nder's complia | nce |
| with the Equal Credit Oppo | | ic i cuci ai Governi | | Trovider/Ee | lact s compilar | |
| You are not required to furi | | ation, but are enco | uraged to do so. | | | |
| | | | | | | |
| The law requires that the Pr | | nav neither discrir | ninate on the basis of this in | formation, no | r on whether v | 0U |
| choose to furnish it. Howeve | | | | | | |
| to note race and sex on the b | | | | | | |
| If you do not wish to furnish | | | | | | |
| | | | | | | |
| | | | | | | |
| <u>Applicant</u> | | | | | | |
| Аррисанс | | | | | | |
| | | | | | | |
| ☐ American Indian/Alaskan N | Vativa | | Ethnicity: | | | |
| ☐ Asian | valive | | Etimicity. | | | |
| ☐ Black or African American | | | ☐ Not Hispanic or Latino | | | |
| □ Native Hawaiian or Other I | | | ☐ Hispanic or Latino | | | |
| □ White | actific Islander | | I do not wish to furnish this i | nformation | | |
| Other | | | T do not wish to furnish this | | | |
| Unici | | | | | | |
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| G | | | | | | |
| Sex | | | | | | |
| ☐ Male ☐ Female | ' | | | | | |
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| Co. Amalicant | | | | | | |
| Co - Applicant | | | | | | |
| | | | | | | |
| ☐ American Indian/Alaskan N | (ativa | | Ethnicity | | | |
| | ative | | Ethnicity Uispania on Latina | | | |
| ☐ Asian☐ Black or African American | | | ☐ Hispanic or Latino ☐ Not Hispanic or Latino | | | |
| ☐ Native Hawaiian or Other P | tooific Islands | | □ INOU HISPAING OF LAUNO | | | |
| ☐ White | actific Islander | | I do not wish to furnish this i | nformation | | |
| ☐ Other | | | 1 do not wish to lurnish this i | шогшаноп. | | |
| L OUICI | | _ | | | | |
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| C | | | | | | |
| Sex | 1 | | 1 | 1 | 1 | İ |

| □ Male | ☐ Female | | | |
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