

PEAK OPERATING WATER DEMANDS							
To be completed by the Applicant:							
METER INFORMATION				DOMESTIC SYSTEM		FIRE SYSTEM	
I.D.	QUANTITY	SIZE	TYPE	USE	FLOW, GPM	PRESSURE, PSI	PRESSURE, PSI
A							
B							
C							
D							
E							

METER SIZE:  $\frac{5}{8}$ ",  $\frac{5}{8}$ "x $\frac{3}{4}$ ",  $\frac{3}{4}$ ", 1", 2", 3", 4", 6", 8", 10", 12", 16"  
METER TYPE: POSITIVE DISPLACEMENT, COMPOUND, ELECTROMAGNETIC, ULTRASONIC, TURBINE  
METER USE: DOMESTIC, FIRE, COMBINATION

PEAK DAILY FLOW DEMANDS			
To be completed by the Applicant:			
TYPE OF FLOW	SANITARY, GPD	WATER, GPD	STORM, CFS
PROJECT FLOW			
EXISTING FLOW			
NET FLOW			NOT REQUIRED
PWSA W&S USE APPROVAL DATE (If required)			
DEP SFPM APPROVAL DATE (If required)			

SPRINKLER SYSTEM DESIGN INFORMATION	
To be completed by the Applicant:	
LOCATION(S): _____	
<b>TYPE OF SYSTEM</b> (Check one)	
<input type="checkbox"/> 13D	
<input type="checkbox"/> 13R	
<input type="checkbox"/> 13	
<input type="checkbox"/> OTHER: _____	
<b>SYSTEM CONFIGURATION</b> (Check one)	
<input type="checkbox"/> STAND-ALONE SPRINKLER SYSTEM	
<input type="checkbox"/> MULTI-PURPOSE SPRINKLER SYSTEM	
<b>HOSE DEMANDS</b> (N/A for 13D systems)	
INSIDE HOSE DEMAND, GPM _____	
OUTSIDE HOSE DEMAND, GPM _____	

HYDRANT FLOW TEST RESULTS	
To be completed by the Applicant:	
DATE OF TEST	_____
HYDRANT PERMIT NUMBER	_____
PERFORMED BY	_____
<b>FLOW HYDRANT</b>	
HYDRANT NUMBER	_____
LOCATION	_____
FLOW OBSERVED, GPM	_____
<b>PRESSURE HYDRANT</b>	
HYDRANT NUMBER	_____
LOCATION	_____
STATIC PRESSURE, PSI	_____
RESIDUAL PRESSURE, PSI	_____
<b>CALCULATIONS</b>	
PROJECTED FLOW AT 20 PSI, GPM	_____

THE PITTSBURGH WATER & SEWER AUTHORITY APPROVAL BLOCK	
To be completed by the Applicant:	
(Check all that apply)	
<input type="checkbox"/> NEW WATER CONNECTION(S)	
<input type="checkbox"/> NEW SEWER CONNECTION(S)	
<input type="checkbox"/> REUSE EXISTING WATER CONNECTION(S)	
<input type="checkbox"/> REUSE EXISTING SEWER CONNECTION(S)	
<input type="checkbox"/> TERMINATE EXISTING WATER CONNECTION(S)	
<input type="checkbox"/> TERMINATE EXISTING SEWER CONNECTION(S)	
<input type="checkbox"/> PRIVATE CONSTRUCTION OF PUBLIC FACILITIES	
To be completed by the PWSA:	
(Required for ALL approvals)	
REVIEWER	_____
CHIEF OF OPERATIONS	_____
(Required for "Private Construction of Public Facilities" ONLY)	
DIRECTOR OF ENGINEERING AND CONSTRUCTION	_____
PWSA PROJECT NUMBER	_____
TAP C RECORD NUMBER	_____
<small>Signatures / Approval by PWSA are for the physical connection(s) to the water and/or sewer system only. Responsibility for the design and work depicted by the drawings, including the flow design for the facilities, is by the Professional Engineer shown by the seal and signature affixed to the drawing. The PWSA does not represent or warrant that the water supply to the facilities is sufficient to support the design.</small>	