

South Orange Village Water Utility

**NEW SERVICE APPLICATION** 



| Domestic Service     Fire Service  SERVICE LOCATION:  Street Address CountyBlock   | TownLot                    |  |  |
|--|----------------------------|--|--|
| SERVICE LOCATION:         Street Address         County       Block         Property is situated between streets       &         Please sketch your preferred service location on diagram below:         Street Address       Street Address         Please sketch your preferred service location on diagram below:         Street Address       Town         Phone       Cell         Billing INFORMATION (party responsible for bill):         Name       Town         Address       Town         Phone       Cell         Email       Cell | Town                       |  |  |
| Street AddressBlock  | Town                       |  |  |
| CountyBlock&_ Property is situated between streets&_ Please sketch your preferred service location on diagram below:   | _Lot                       |  |  |
| Property is situated between streets&_ Please sketch your preferred service location on diagram below:   |                            |  |  |
| Please sketch your preferred service location on diagram below:  Building  Automatical and a service location on diagram below:  Building  Automatical and a service location on diagram below:  Building  Address  Town_ PhoneCell  |                            |  |  |
| Building     Building     Building     Building     Applicant information:     Name   Address   Phone   Cell     Billing information (party responsible for bill):   Name   Address   Phone   Cell     Town   Phone   Cell   Town   Phone   Cell   |                            |  |  |
| APPLICANT INFORMATION:   Name  |                            |  |  |
| APPLICANT INFORMATION:   Name  |                            |  |  |
| APPLICANT INFORMATION:   Name  |                            |  |  |
| Name   |                            |  |  |
| Address  |                            |  |  |
| Phone       Cell         BILLING INFORMATION (party responsible for bill):         Name         Address         Phone         Cell         Email   |                            |  |  |
| BILLING INFORMATION (party responsible for bill):         Name   | Fax                        |  |  |
| AddressTownTownTownTownTownTownTownTown  |                            |  |  |
| PnoneCell<br>Email   |                            |  |  |
|  | Fax                        |  |  |
| BUILDING OWNER INFORMATION (If different from billing informatio   | <b>n):</b>                 |  |  |
| Name<br>Address Town   |                            |  |  |
| Phone Cell   | Fax                        |  |  |
| Email  |                            |  |  |
| THIS PROPERTY IS:  |                            |  |  |
| New construction   | Vacant Land                |  |  |
| Existing building     Demolition   | Currently using well water |  |  |
| USE OF SERVICE:  |                            |  |  |
| Single Family  |                            |  |  |
| Multi-Family (2 - 4 unite)   |                            |  |  |
|  |                            |  |  |





| * | <b>COMPLETE FOR DOMESTIC WATER SERVICE</b><br>(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<br>If yes, do you want to: Replace/Upgrade the existing service Add a new service (keep the existing service)<br>What size meter are you requesting? (Standard single-family is 5/8" meter, approximately 20 GPM)<br>What is your GPM requirement if greater than 20 GPM? |  |  |  |  |  |  |
| * | COMPLETE FOR FIRE SERVICE   |  |  |  |  |  |  |
|   | Is there an existing fire service at the property? $\Box$ Yes $\Box$ 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 buildingsBuilding useType of construction   |  |  |  |  |  |  |
|   | Number of sprinkler headsNumber of hydrantsNumber of Fire Dept. connections   |  |  |  |  |  |  |
|   | Wet or Dry systemType 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 nameTitle   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | SignatureDateDate   |  |  |  |  |  |  |
| + |   |  |  |  |  |  |  |
| î | 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 nameTitle   |  |  |  |  |  |  |
|   | SignatureDate   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

### **\* MUNICIPAL APPROVAL:**

After completing this form and all attachments, the applicant must transmit this form and all supporting documents to the Village Engineer (via email to <u>srenda@southorange.org</u>) for review of this new connection.

Village Engineer \_\_\_\_\_ Date \_\_\_\_\_

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

# AMERICAN WATER FIXTURE COUNT DATA SHEET

### SERVICE ADDRESS

| PRINT NAME | <br>PHONE # | DATE |  |
|------------|-------------|------|--|
|            | FIXTURE     |      |  |

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

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

Total Calculated Peak Demand:\_\_\_\_

\_\_\_\_ Recommended Meter Size:\_\_\_\_

http://www.amwater.com/files/Fire%20Flow%20Calculator%20Worksheet%20Sept%202016.xlsx

### **Needed Fire Flow (NFF) Calculation Worksheet**



## NEW JERSEY WATER MERICA

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)           | *Example* | GPM @ 20 psi |  |  |  |
| (Refer to Table and Notes below) | 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 |  |  |

### <u>Notes</u>

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     | GPM @ 20 psi |
| <b>Total Needed Fire Flow</b><br>(if higher flow amount requested by township official) |       | GPM @ 20 psi |
| Non-Residential, Fully Sprink   | lered |              |
| Needed Fire Flow (per ISO)  | 0     | GPM @ 20 psi |
| <b>Total Needed Fire Flow</b><br>(if higher flow amount requested by township official) |       | GPM @ 20 psi |

Note: Please Provide Both Signatures

| Project Name:  |  |
|--|--|
| Project Address:   |  |
| -  |  |
| Prepared By:   |  |
| Signature:   |  |
| Title:   |  |
| Date:  |  |
| Phone #  |  |
|  |  |
|  | Signing this shoot is only on educated amont of the NEE  |
|  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.   |
|  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.  |
|  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):<br>Municipality                                  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):<br>Municipality                                  | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):<br>Municipality<br>Signature:                    | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):<br>Municipality<br>Signature:<br>Title:          | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |
| (Print name):<br>Municipality<br>Signature:<br>Title:<br>Date: | Signing this sheet is only an <b>acknowledgement</b> of the NFF.<br>It <b>does not</b> imply a review and approval of the NFF calculations.<br>Municipal Fire Official or Delegate |



| N | DTE:        |         |        |        |       |       |      |           |    |     |
|---|-------------|---------|--------|--------|-------|-------|------|-----------|----|-----|
|   | COPPERHORN  | (METER  | SETTER | ) AND  | METER | WILL  | BE   | INSTALLED | BY | THE |
|   | WATER COMPA | NY; ALL | OTHER  | PIPING | BY CI | JSTOM | IER. |           |    |     |

| COPPERHORN<br>NO. | METER       | "A"   | <b>*</b> β" |      | "C"  | "D"               | "F"     |
|-------------------|-------------|-------|-------------|------|------|-------------------|---------|
|                   | SIZE        | MÍN.  | MIN.        | MAX. | MIN. | I.P. OR<br>COPPER | ู่ MIN. |
| 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)

NEW JERSEY AMERICAN WATER COMPANY -FIELD SERVICE DEPARTMENT

### 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.



ELEVATION VIEW



# \*

# TYPICAL INSIDE SET DIAGRAM



FIELD SERVICES DEPARTMENT

### 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,