

APPENDIX A

**APPLICATION
REQUESTS & FORMS**

**KENT COUNTY WATER AUTHORITY
APPLICATION FOR NEW SERVICE
BASIC INFORMATION**

REQUIREMENTS FOR SERVICE AND METER INSTALLATION

SERVICES:

All single-family residential units shall be equipped with a minimum of 3/4" service. Single family and commercial units over 200' from the water main shall be equipped with a meter chamber/pit or enclosure and a minimum of 1" service.

In all cases, the service pipe from the main to curb stop shall be copper. Services from the curb stop to the building shall be either copper type K or polyethylene C.T.S. 200PSI rated. If polyethylene is chosen, then a minimum of a 12' copper whip shall be installed just prior to house entry and up to the meter. Stainless steel inserts shall be utilized at all connections for polyethylene pipes.

A ball valve rated for the service pressure shall be installed just prior to the location of the meter coupling and one at the effluent side of the second meter coupling and a final valve after the backflow device.

Depth of service shall be at a minimum of five feet finished grade throughout installation.

All fittings and pipe shall be swabbed with approvable chlorine solution prior to installation.

Identification tape, as specified in Section 3.21.14 shall be utilized for the full length of services and set to a depth from finished grade of no more than 1' - 0".

From the date of application, a waiting period of two weeks can be expected before a decision on availability of water can be investigated as necessary to provide an approval determination. All meter sizes must be the same size as the service.

All service easements are the responsibility of the property owner and not Kent County Water Authority. No services will be installed by Kent County Water Authority within private easements.

METERS:

Refer to Rules and Regulations, Section 4 for the Kent County Water Authority.

All meters shall be read in cubic feet and compatible with the system employed by Kent County Water Authority.

SINGLE UNIT RESIDENTIAL METER PITS:

Residential meter prefabricated chambers/pits or above grade enclosures shall be used for services that exceed 200' in length from the curb box.

Influent and effluent valves shall be provided inside the pit before and after the meter couplings. Ball valves on either side or ball valve, check valve combination will be acceptable.

Reading devices, if needed shall be mounted on a pressure treated 4 x 4 (36" above grade) post or directly under the outer meter chamber/pit cover. The owner must provide conduit access for the wiring meter.

If polyethylene is chosen, a minimum of 12' copper whip shall be installed up to and after the meter.

Chamber/pits shall allow meter access within 12 inches of the cover and will be the customer's responsibility to maintain safe and dry conditions within the chamber/pit.

All chamber/pits and above grade enclosures shall have K copper tubing on the inlet and outlet sides of the pit with a 12' copper whip in each direction.

BACKFLOW PREVENTION:

Residential units must be equipped with a containment dual check backflow preventer after the meter and non-removable vacuum breakers on all outside hose bibbs prior to service connection and meter installation. Style shall be non-removable self-draining type Watts No. 8D or equal.

All commercial or residential lawn sprinkler systems must be provided with a positive vacuum breaker or reduced pressure zone type assembly where the system connects to water supply. It shall be in a location that is always free draining and will not be submerged.

RELATED ITEMS:

Customer is referred to the Kent County Water Authority Rules & Regulations and all related policies for proper installation, operation and all governing procedures and policies.

PLEASE REVIEW ATTACHED PACKET IN ITS ENTIRETY

EMPLOYEE:	_____
APPLICATION#	_____
OFFICE USE	

**KENT COUNTY WATER AUTHORITY
APPLICATION FOR WATER SERVICE/METER
(SINGLE FAMILY RESIDENTIAL)**

NAME: _____

ADDRESS: _____

PHONE# _____ EMAIL: _____

SERVICE LOCATION: _____

LOT# OR DESCRIPTION: _____

METER SIZE: _____ SERVICE SIZE: _____ *(Both must be noted)*

APPLICANT SIGNATURE _____ DATE _____

APPROVED APPLICATIONS WILL EXPIRE 12 MONTHS FROM THE DATE OF ISSUE

WATER AVAILABILITY: _____	YES	NO
EMPLOYEE	<input type="checkbox"/>	<input type="checkbox"/>

APPROVED BY KCWA: _____	YES	NO
EMPLOYEE	<input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER CONTRACTOR INSTALLING SERVICE: <i>(See related items)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

•INSPECTION FEE \$5.00 PER LINEAR FT. - FIELD DETERMINED - INSPECTION FEE \$ _____

NOTIFY OFFICE 24 HRS PRIOR TO WATER SERVICE INSTALLTION FOR INSPECTION APPOINTMENT

•DEPOSIT OF \$1000.00 STATE ROAD OPENING INSPECTION FEE <i>(See related items)</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

LOCAL/STATE ROAD OPENING PERMIT NEEDED:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

LOCAL/PLUMBING PERMIT NEEDED:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

KCWA CONTRACTOR INSTALLED:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

3/4" AND 1" SERVICE - \$1,500.00	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

1 1/2" AND 2" SERVICE - \$2,000.00	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

DEVELOPER INSTALLED (NO COST): _____

USING EXISTING SERVICE: - ACCT. NO. _____ SIZE _____

KCWA COMMENTS: _____

****CUSTOMER CONTRACTOR MUST BE QUALIFIED FOR WATER SERVICE INSTALLATION WITH A DRAIN LAYER OR PLUMBING LICENSE OR THE EQUIVALENT IN APPLICABLE EXPERIENCE****

**KENT COUNTY WATER AUTHORITY
APPLICATION FOR NEW SERVICE
BASIC INFORMATION**

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RELATED ITEMS:

Customer is referred to the Kent County Water Authority Rules & Regulations and all related policies for proper installation, operation and all governing procedures and policies.

Related Items

Deposit of \$1000.00 State of RI road opening permit fee:

Kent County Water Authority must collect a \$1,000.00 deposit associated with RIDOT inspection services relative to RIDOT permit. The service tap will be made in a RIDOT roadway. Any unused portion of the deposit will be returned once the bill is received from RIDOT for these services.

CUSTOMER WATER SERVICE DISINFECTION POLICY

All new or repaired potable water system service pipe and necessary connecting pipe fittings, control valves and all appurtenances in or adjacent to any residence building structure or premise shall be purged of all deleterious material and disinfected prior to utilization or permanent connection or re-connection to the Kent County Water Authority system. That portion of the customer service pipe extending from the curb stop to the building shall be disinfected under the purview of the local plumbing official. The owner must provide written documentation from the plumbing inspector that disinfection was properly conducted in accordance with the American Water Works Association standard C651 and Rhode Island Plumbing Code. A copy of the bacteriological test results indicating compliance with the Rhode Island Department of Health drinking water quality standards for coliform and consistency with Kent County Water Authority water quality for Heterotrophic plate count (HPC) must be obtained before making any permanent connection to the Kent County Water Authority system or reactivation of an existing water service for potable water consumption can be authorized. HPC levels should reflect consistency with that observed in the daily sampling conducted by the Kent County Water Authority and in no case can the HPC results be greater than 25 CFU/ml set by the Executive Director/Chief Engineer. The owner/applicant or customer is responsible for all costs associated with disinfection process or procedures. A plumbing permit from the local municipality is required in conjunction with this work.

Disinfection Procedures

1. The owner, plumber and/or plumbing official shall coordinate activities by contacting the Kent County Water Authority five working days prior to conducting the disinfection process to:
 - Obtain authorization to temporarily connect to the public water system if an alternative supply is not used.
 - Arrange for a representative of the Authority to examine the isolated connection to the public water system.
 - Obtain a reading from the temporary meter (if used).
 - Coordinate activation of the water connection to complete the disinfection and sample retrieval process.
2. The service pipe shall be flushed with clean potable water supplied by the contractor or from an isolated connection to the Kent County Water Authority system until all deleterious material is removed. If the contractor chooses to use the public water system, the contractor shall be responsible to provide a suitable, isolated connection to the Authorities system from the new service pipe.
3. Fill the service piping thereof with a chlorine solution containing at least 50 parts per million chlorine. Once the chlorine concentration in the effluent discharge reveals the proper concentration, the system shall be valved off and allowed to stand for the required time.

4. Following the required standing time, the service pipe shall be flushed with clean potable water until the chlorine is purged from the service piping. It is required that **one sample set** be analyzed for both coliform and heterotrophic plate count (HPC). This requires **two (2)** sample bottles per sampling event, one for the coliform test and one for the heterotrophic plate count, respectively. The customer shall elicit the services of a laboratory certified by the Rhode Island Department of Health to analyze the water samples using membrane filter technique or presence absence (P/A) method for compliance with Rhode Island Department of Health coliform regulations, and standard heterotrophic plate count test. The RI Department of Health has a listing of certified laboratories. The sample retrieval shall be conducted under the purview of the local plumbing official per the requirements contained in the Rhode Island State Plumbing code. Sample results will remain valid for a period of 6 months from the date the samples were analyzed.
5. The disinfection process shall be repeated until the results of the bacteriological testing confirm compliance with the Rhode Island Department of Health drinking water quality standards and heterotrophic plate count consistent with Kent County Water Authority public water system quality set by the Executive Director Chief Engineer.
6. The water service applicant must provide the Authority with copies of the satisfactory laboratory test results (**negative for coliform and HPC < 25 CFU/ml**) and inspection verification letter (per section 107 of plumbing code) from the local plumbing official, before permission will granted to complete the permanent connection to the public water system.
7. All connection materials shall be kept free of any potential contamination and be swabbed with chlorine solution prior to connection to the newly disinfected service.

**A \$50 SERVICE CHARGE WILL BE APPLIED TO EACH REVISIT TO THE SITE BY
A KENT COUNTY WATER AUTHORITY REPRESENTATIVE.**

**KENT COUNTY WATER AUTHORITY
METER INSTALLATION NEEDS CHECK LIST**

**THE APPLICANT MUST VERIFY THAT THE FOLLOWING ITEMS
HAVE BEEN PROPERLY COMPLETED TO FACILITATE METER INSTALLATION**

**CHECK LIST MUST BE COMPLETED AND PRESENTED
UPON APPLICATION FOR METER INSTALLATION**

1. Access to building clear and attainable, stairs in place, area properly lighted, and protected from freezing.
2. Meter setting installed and properly secured with supports. Isolation ball valves located on the street side and house side of plumbing. See attached detail sheets.
3. Double check (residential application) backflow preventer installed after the meter setting isolation valve. Reduced pressure zone (commercial application). Thermal expansion protection. Isolation valves on inlet and outlet.
4. Copper service pipe (whip 12' or all copper piped) installed and connected to meter setting.
5. Curb stop installed. Box is at grade, aligned, and perpendicular for easy access to valve.
6. Outside faucet tamper resistant vacuum breaker installed or manufactured into outside faucet.
7. Plumbing permits have been obtained and visible at site. Inspection approval stickers in place on meter setting.
8. Verification of water service laboratory bacteria test results. (Copy of results showing negative coliform and HPC<25 CFU/ml must be attached.)
9. Signed plumbing inspection verification letter verifying conformance with RI Plumbing Code. This letter must be on city or town letterhead. (Copy must be attached.)
10. **For Pit location**
 - a. Shipping spacer removed from meter setting.
 - b. Freeze proof pit design. Pit installed to proper grade.

Per KCWA Rules & Regulations, Section 2.5, "Residential meters will be installed by scheduled appointment only. The owner or owner's contractor must be present when a new installation or any repairs to an existing installation are made within private property. KCWA employee shall not enter the premise without the owner or owner's representative being present."

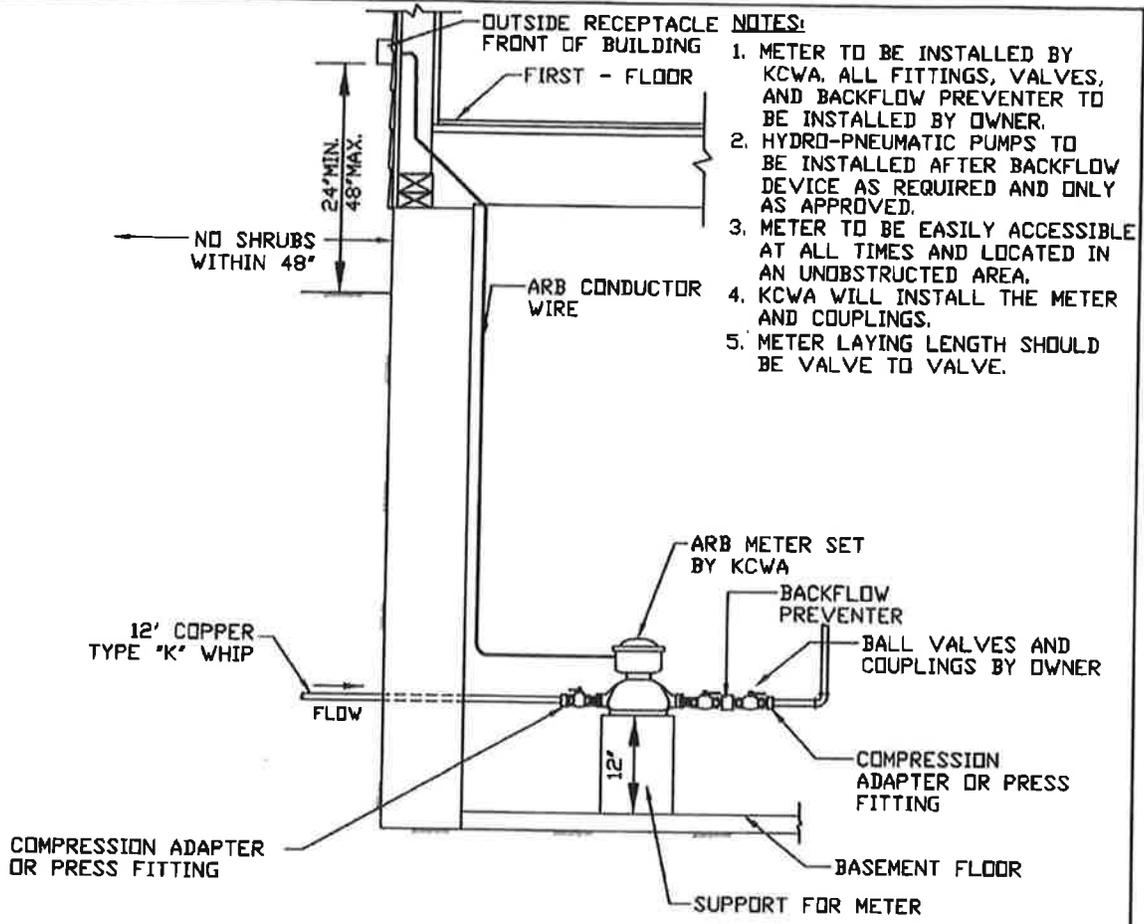
Location/Address

Owners/Developers Signature

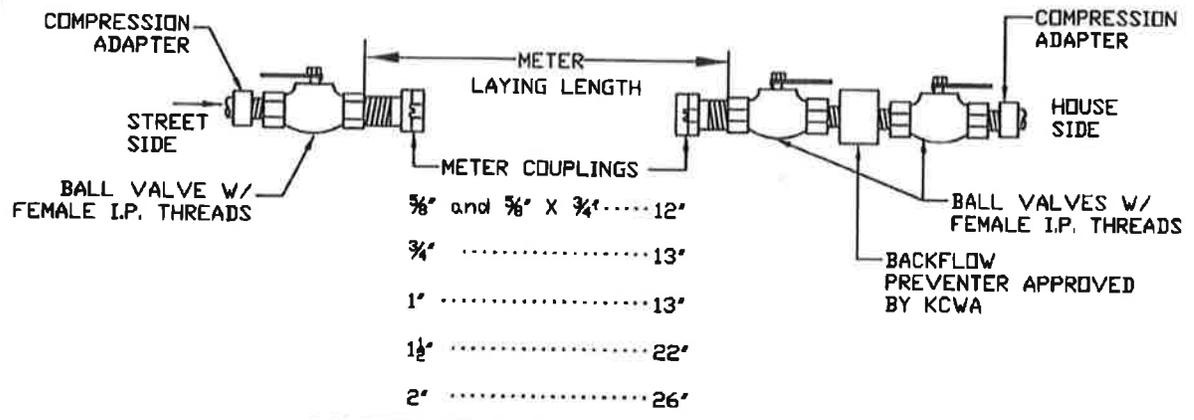
Contact Phone Number

Date

A \$50 SERVICE CHARGE WILL BE APPLIED TO EACH REVISIT TO THE SITE FOR INSTALLATION BY A KENT COUNTY WATER AUTHORITY REPRESENTATIVE



RESIDENTIAL WATER METER INSTALLATION



WATER METER SETTINGS WITH FITTINGS

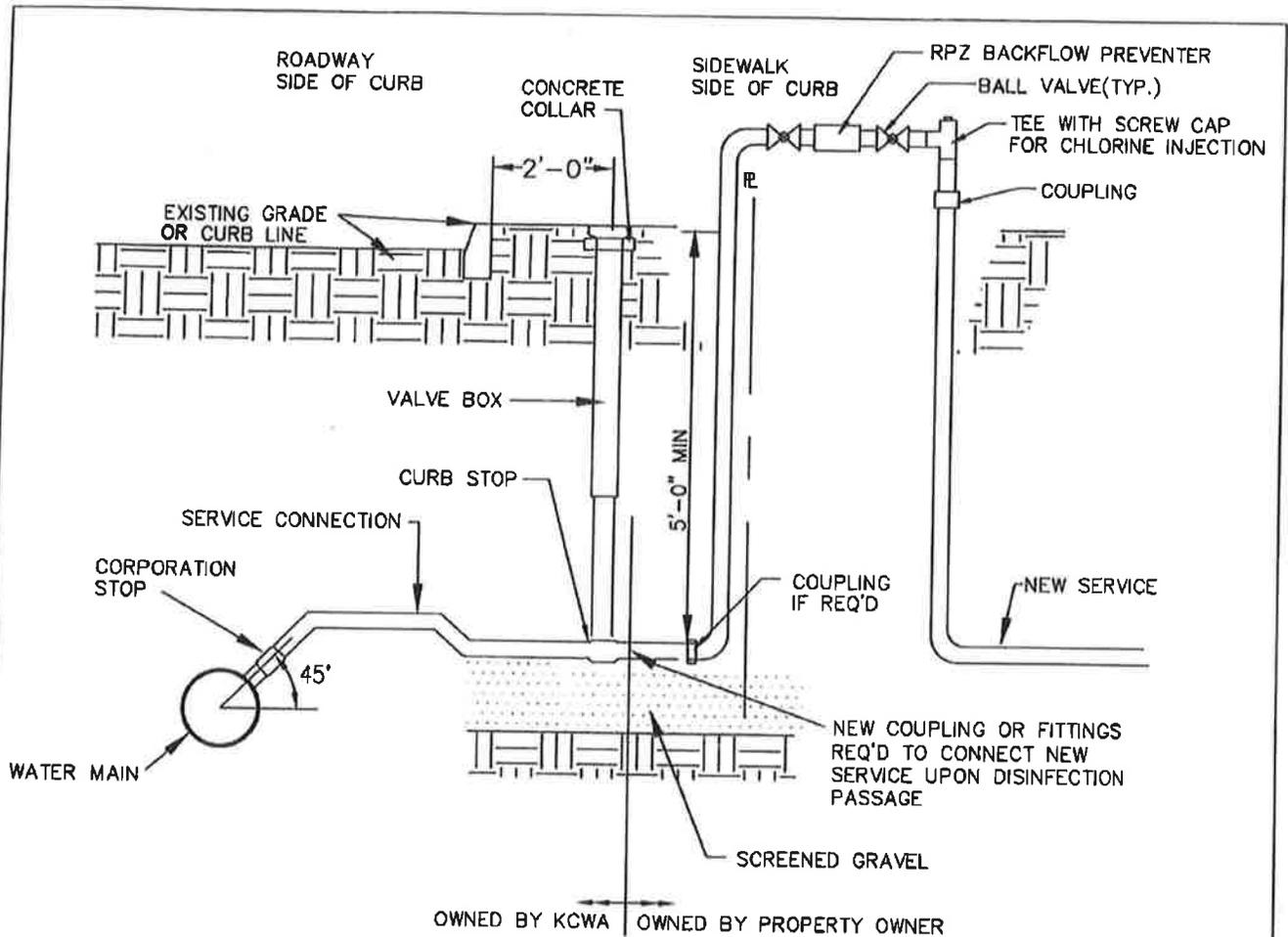
KCWA
"proudly serving"

KENT COUNTY WATER AUTHORITY
RESIDENTIAL WATER METER

NOT TO SCALE

DATE: 3/2024

RESW.DWG



NOTE:

- 1.) SERVICE MATERIALS AND DISINFECTION REQUIREMENTS PER KCWA SPECIFICATION UNLESS CITY OR TOWN CODES REQUIRE SPECIFIC MATERIALS THAT HAVE BEEN APPROVED BY KCWA.
- 2.) SERVICE LINE FROM CURB BOX TO BUILDING SHALL BE INSPECTED, TESTED AND APPROVED BY THE LOCAL PLUMBING INSPECTOR.
- 3.) ONCE DISINFECTED FOLD AND CUT SERVICE LINE TO CONNECT TO CURB STOP.
- 4.) BACKFLOW AND VALVES MAY BE PLACED BELOW GRADE IF SECURE PLATE IS USED TO COVER OPEN EXCAVATION.

TEMPORARY SERVICE CONNECTION
FOR PRESSURE TESTING & DISINFECTION

NOT TO SCALE

Single Family Home New Service Sampling Procedures

1. Faucets, valves, and specially-installed sampling lines are the most common types of sampling appurtenances found at new service installations. If faucets are used, each faucet should be examined carefully to ensure its suitability. Poor faucet design or sample lines may contribute to non-compliant, failed, or invalid sample results. The service pipe RPZ backflow isolation appurtenance must be properly installed at the curb box prior to commencing the sampling process
2. Wash or sanitize hands. Remove any aerator, strainer, or hose that is present, as any of these may harbor bacteria and cause a false coliform positive sample result.
3. Disinfect the sample tap with a 5 % chlorine solution (unscented household bleach) using the squeeze bottle in the sampling kit. Squirt the terminal end of the tap inside and out with the chlorine solution
4. Turn on and run the water to flush the tap for 5 minutes or when the temperature has stabilized, whichever is longer. Reduce the flow so that the stream is no greater than ¼ inch in diameter, or the width of a pencil. Check for steady flow with no splashing. Continue this laminar flow for a minimum of 10 minutes. While the water is running, fill out the labels, tags, and laboratory forms. Apply the labels to the containers. Do not change the water flow once the desired sampling flow stream has started as that could dislodge microbial growth.
5. Two sample bottle need to be filled for the lab. One sample is for the detection, or Presence/Absence (P/A), of coliform bacteria and the other is for Heterotrophic Plate Count (HPC). Check and make sure there are blue sodium thiosulfate pills in the bottles before sampling. If there is no pill, discard and use a new bottle. Flip the bottle cap open on its hinge being **extremely careful not to contaminate the sample by touching the inside of the cap or the inside of the sample container with your fingers**. Make sure the cap is extended back as to not get in the way of the water flow when taking each sample.
6. At the 10 minute point, quickly position each bottle under the water flow. Water dripping from your hands may also cause contamination of the sample so extra care should be taken when collecting this sample. Fill each bottle to the 100 ml fill line.
7. The sample bottles should be tightly capped being careful only to touch the outside of the cap. The bottles then get zipped tied using the attached latch and zip system. Blot the sample containers with a paper towel to dry it off. If a refrigerated cooler is not available, ice packs or bagged ice is sometimes needed for use in shipping. It is highly recommended that samples be bagged separately to eliminate any cross contamination of the sample from the ice packs or the ice condensate.
8. Using tap water, rinse the outside and terminal end of the faucet and any other surface at the sample site that the chlorine solution came in contact. Turn the tap off. Wipe down the tap with a clean paper towel and replace the aerator, strainer, or hose if removed for the sample.
9. Check that the information on the label is correct cross reference sample ID, analytical results, and time with laboratory chain-of-custody.
10. Keep samples in closed chest, preferably kept at 10°C (48°F), out of sunlight and deliver to the lab within the same day. Confirm sample IDs with lab receiver and log in cooler temperature on chain of custody.

**KENT COUNTY WATER AUTHORITY
REQUEST FOR SERVICEABILITY
APPLICATION FORM
(PROJECTS WITH AVERAGE DAY FLOW OF 500,000 GPD OR GREATER)**

Owner: _____
Address: _____

Engineer: _____
Address: _____

Telephone # _____
Contact Person: _____
Email: _____

Telephone # _____
Contact Person: _____
Email: _____

Project Reference Name: _____
Service Location: _____
Plat: _____ Lot: _____

TYPE(S) OF SERVICE:

Multi-Unit Residential: _____
Condominium: _____
Industrial: _____

Commercial: _____

(Single Duplex etc.) # Units _____
(Single Duplex etc.) # Units _____
(State Type & Uses) _____

(State Type & Uses) _____

ADDITIONAL SERVICES:

Swimming Pool: _____
Irrigation: _____
Fire Service: _____
Hydrants: _____
Misc.: _____

DEMAND FLOWS

Average Day: _____
Maximum Day: _____
Peak Hour: _____
Needed Fire Flow: _____
Computerized Hydraulic Model Attached: _____

ROAD SYSTEM: PUBLIC: _____

PRIVATE: _____

SUBMISSION REQUIREMENTS

CUSTOMER APPLICATION REQUIREMENTS								
KENT COUNTY WATER AUTHORITY REQUIREMENTS	SINGLE FAMILY HOME	COMMERCIAL SERVICE	MAIN EXTENSION	SUBDIVISION OR CONDOMINIUM	RENOVATION CHANGE IN OCCUPANCY	PRIVATE HYDRANT OR FIRE SERVICE	SUB STANDARD PRESSURE LOW FLOW	REQUEST FOR SERVICEABILITY $\geq 500,000$
APPLICATION FORM		X	X	X	X	X		X
SINGLE RESIDENTIAL SERVICE FORM	X				X			
TEMPORARY SERVICE	X	X						
DESIGN DRAWINGS		X	X	X	X	X		X5
HYDRAULIC CALCULATION		X	X	X	X	X		X
THRUST BLOCK CALCULATION		X1	X	X	X	X		
WATER SYSTEM MODEL		X2	X2	X2	X2	X2	X	X
FIRE FLOW TEST		X	X	X	X	X	X	
FIRE DEPT. REVIEW LETTER		X	X	X	X	X		
EASEMENT DESCRIPTION		X3	X3	X3	X	X3		
KCWA DETAILS		X	X	X	X	X		
PUBLIC UTILITIES REVIEW							X4	

- X1 AS APPLICABLE TO SERVICE SIZE AND PRESSURE**
- X2 AS DETERMINED BY GENERAL MANAGER/CHIEF ENGINEER**
- X3 AS REQUIRED ON PRIVATE PROPERTY**
- X4 PRESSURE LESS THAN 20 PSI UNDER ANY FLOW CONDITION, REQUIRES A SEPARATE REVIEW BY THE DIVISION OF PUBLIC UTILITIES/AND CARRIERS.**
- X5 CONCEPTUAL DRAWINGS**

**KENT COUNTY WATER AUTHORITY
APPLICATION FOR TEMPORARY SERVICE
BASIC INFORMATION**

BACKFLOW PREVENTION:

All temporary services must be equipped with a reduced pressure zone backflow preventer.

RELATED ITEMS:

Customer is referred to the Kent County Water Authority Rules & Regulations and all related policies for proper installation, operation and all governing procedures and policies.

**NEW FORM
KENT COUNTY WATER AUTHORITY
APPLICATION FOR WATER IRRIGATION SYSTEM**

KCWA NO. _____

DATE: _____

EMPLOYEE: _____

APPLICANT

NAME: _____

INSTALLER NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL: _____

EMAIL: _____

PHONE: _____

PHONE: OFFICE: _____ CELL: _____

SERVICE LOCATION/ACCOUNT#: _____

AND LOT NUMBER: _____

RESIDENTIAL: _____ COMMERCIAL: _____

SERVICE/METER SIZE: _____

WATER USE CALCULATIONS FROM INSTALLER:	
NUMBER OF ZONES: _____	TOTAL AREA TO BE IRRIGATED: _____ (SQUARE FEET)
MINUTES RUNTIME PER ZONE: _____	
GALLONS PER MINUTE PER ZONE: _____	
TOTAL GALLONS PER DAY: _____	

KCWA DISCOURAGES THE USE OF TREATED DRINKING WATER TO IRRIGATE. THE INSTALLATION OF AN IN-GROUND OR AUTOMATIC IRRIGATION SYSTEM DOES NOT ASSURE THE FUTURE USE. IRRIGATION SYSTEMS SHALL BE SHUT OFF DURING WATER SUPPLY EMERGENCIES AND MORATORIUMS IN CONJUNCTION WITH KENT COUNTY WATER AUTHORITY DROUGHT POLICY.

APPLICANT/OWNER SIGNATURE _____ DATE _____

KCWA REVIEW		
	YES	NO
PLAN OF SYSTEM AND/OR MANUFACTURER'S DOCUMENTATION ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>
RAIN SWITCH SENSORS (PROHIBIT OPERATION DURING RAIN EVENTS)	<input type="checkbox"/>	<input type="checkbox"/>
DRIP IRRIGATION (PLANTS, BEDS & SHRUBBERY)	<input type="checkbox"/>	<input type="checkbox"/>
TIMERS - TO ENSURE COMPLIANCE ODD/EVEN OUTSIDE WATERING POLICY	<input type="checkbox"/>	<input type="checkbox"/>
BACK FLOW PREVENTER	<input type="checkbox"/>	<input type="checkbox"/>
SOIL MOISTURE SENSORS - THAT PROHIBIT OPERATION OF THE SYSTEM WHEN SOIL MOISTURE CONTEXT DOES NOT REQUIRE IT.	<input type="checkbox"/>	<input type="checkbox"/>

APPROVED: _____ DISAPPROVED: _____

SIGNATURE KCWA REPRESENTATIVE

DATE

**KENT COUNTY WATER AUTHORITY
DESIGN CHECK LIST
FOR REVIEW**

PROJECT REFERENCE NAME: _____

SERVICE LOCATION: _____

PREPARED BY: _____ RIPE# _____

INSTRUCTIONS:
All applicable items to be initialed by preparer as completed prior to submission. The preparer shall be a Registered Professional Engineer in the State of Rhode Island. All non-applicable items please designate as N/A.

Item #:	Initials of preparer	Date
1. Is in conformity with all Rules and Regulations of Kent County Water Authority?	<input type="text"/>	<input type="text"/>
2. Complete hydraulic flow and design calculations included in design review package. (Two copies of each to be submitted)	<input type="text"/>	<input type="text"/>
3. Complete thrust block or restrained joint pipe calculation included in design review package.	<input type="text"/>	<input type="text"/>
4. Drawings meet all requirements of KCWA and have been prepared by and stamped by Rhode Island Professional Engineer. A statement shall be placed on the cover sheet of the drawing above. The professional engineer stamp stating as follows: "The attached drawing numbers ____ to ____ have been prepared by me or under my direct supervision and have been thoroughly checked by me." _____	<input type="text"/>	<input type="text"/>
(Signature with PE#)		
5. All details and proposed materials are in conformity with all prescribed requirements of KCWA, AWWA and Rhode Island Department of Health.	<input type="text"/>	<input type="text"/>
6. Location of all water lines have been checked to see if there is any conflict with existing and proposed utilities for this project.	<input type="text"/>	<input type="text"/>

Item #:	Initials of preparer	Date
7. Required mandated horizontal and vertical distances between water lines, sewer lines, catch basins and any other line or structure that could damage or contaminate the water system have been met.	<input type="text"/>	<input type="text"/>
8. Proper valve spacing and sufficient number of valves for isolation of lines meet or exceed KCWA requirements.	<input type="text"/>	<input type="text"/>
9. All valve location accessible.	<input type="text"/>	<input type="text"/>
10. Fire hydrant locations and spacing have been accepted by the local jurisdiction fire chief. Letter of approval attached from fire chief.	<input type="text"/>	<input type="text"/>
11. Automatic air-release manholes comply with KCWA regulations and are accessible at all times.	<input type="text"/>	<input type="text"/>
12. All manual style blow off comply with KCWA regulations and are accessible at all times.	<input type="text"/>	<input type="text"/>
13. All valves and fittings are provided to simplify future expansion of the proposed system.	<input type="text"/>	<input type="text"/>
14. Water lines crossing roads, sewer lines, culverts, ditches, brooks and all other potential conflicts are shown in the respective profiles and details.	<input type="text"/>	<input type="text"/>
15. Chlorination specification complies with all requirements of AWWA and KCWA.	<input type="text"/>	<input type="text"/>
16. Chlorination ports have been located and designed to facilitate proper chlorination and indicated in the construction sequence or general notes.	<input type="text"/>	<input type="text"/>
17. Copies of any deed restrictions are included and will be attached to plat plans and deeds as required for special conditions as set forth by KCWA.	<input type="text"/>	<input type="text"/>
18. All easements on real estate for ownership of water lines has been written and approved by KCWA's legal counsel and executed by a representative of KCWA.	<input type="text"/>	<input type="text"/>
19. "General Notes" specifically refer contractor to KCWA Rules and Regulations for service installation and extensions for proper review and installation requirements.	<input type="text"/>	<input type="text"/>

KENT COUNTY WATER AUTHORITY CALCULATION CHECK LIST FOR REVIEWS

PROJECT REFERENCE NAME: _____
 SERVICE LOCATION: _____
 PREPARED BY: _____ RIPE# _____

INSTRUCTIONS:
 Prior to submission, all applicable items are to be initialed by the preparer. The preparer shall be a Registered Professional Engineer in the State of Rhode Island. All non-applicable items please designate as N/A.

Item #:	Initials of preparer	Date
1. All calculations have been prepared under my supervision by me for this project.	<input type="text"/>	<input type="text"/>
2. Fire flow calculations attached.	<input type="text"/>	<input type="text"/>
3. Fire flow test completed.	<input type="text"/>	<input type="text"/>
4. Average day, maximum day and peak hourly flows provided.	<input type="text"/>	<input type="text"/>
5. All flows calculated by the Hazen Williams formula using "C" Values of 100, 120, 140.	<input type="text"/>	<input type="text"/>
6. Thrust blocks or restrained joint pipe calculated and designed meet all requirements of Kent County Water Authority.	<input type="text"/>	<input type="text"/>
7. All commercial and industrial calculations are accompanied by printed back-up literature or other supporting documentation.	<input type="text"/>	<input type="text"/>
8. All irrigation flows calculated in accordance with regulations.	<input type="text"/>	<input type="text"/>
9. All restraining calculations provided for all bends, fittings and transitions.	<input type="text"/>	<input type="text"/>
10. Fire flows determined by discussion with local fire chief and use of Insurance Services Offices calculations tables.	<input type="text"/>	<input type="text"/>
11. All model assumptions listed and described.	<input type="text"/>	<input type="text"/>
12. All model runs provided for "C" values of 80, 100, 120 and 140.	<input type="text"/>	<input type="text"/>
13. All model calculations explained and graphically shown via road maps.	<input type="text"/>	<input type="text"/>

**KENT COUNTY WATER AUTHORITY
COMMERCIAL PUMPING BOOSTER STATION
CHECK LIST FOR REVIEWS**

GENERAL:

For all commercial private booster stations, the engineer shall complete the check list below, in addition to the standard requirements of submission, and provide all additional data requested.

1. Project name and location _____

2. Manufacturer _____

3. Style below or above grade _____

4. # Pumps, style, manufacturer _____

5. Pump Data (GPM)

Pump Data	Q-Design	Q-Maximum	Q-Minimum	Q-Fire
1)				
2)				
3)				

6. Static head _____ (ft)
7. Maximum service grade elevation _____ (ft msl)
8. Pumping head _____ (ft) From model Manual Calculation
9. Suction manifold size _____ (in)
10. Discharge manifold size _____ (in)
11. Surge suppression valves Yes No
 If yes Type _____ Size _____
 Manufacturer _____ (provide cut sheets)
12. Sump pump provided Yes No
13. Emergency generator provided Yes No
 If yes Type _____ Size _____
 Manufacturer _____ (provide cut sheets)
14. Alarms Yes No
 Provide information about where alarms are to notify and types available.
15. Details of meter installation (attach separate sheet)
16. References - Provide five (5) references of other booster stations similar to this that have been in operation for at least two (2) years, by the same manufacturer.

KENT COUNTY WATER AUTHORITY BUILDING DEMOLITION REQUEST FORM

ACCOUNT #:	SINGLE FAMILY: <input type="checkbox"/>	DATE:
SERV ADD:	COMMERCIAL : <input type="checkbox"/>	FINAL READ:
	FIRE LINE : <input type="checkbox"/>	
REQUIRED INFORMATION		
CONSTRUCTION COMPANY REQUESTING DEMO	PROPERTY OWNER INFORMATION	
NAME:	NAME:	
ADDRESS:	ADDRESS:	
CITY, STATE, ZIP	CITY, STATE, ZIP:	
PHONE:	PHONE:	
EMAIL:	EMAIL:	
SIGNATURE:	SIGNATURE:	

CUSTOMER REUSING SERVICE: YES | NO |

1. APPOINTMENT TO CONFIRM WATER IS OFF DATE: _____

2. APPOINTMENT TO INSPECT CUT/CAP OF CURB STOP (this cut & cap is after the curb box on the customer side) DATE: _____

DOCUMENTS NEEDED TO SUBMIT DEMO REQUEST	NOTES: _____
<input type="checkbox"/> NEW SERVICE APPLICATION SUBMITTED	_____
<input type="checkbox"/> WRITTEN TIMELINE FROM CONTRACTOR	_____

DO NOT ACCEPT THIS FORM IF YOU HAVE NOT COLLECTED THE REQUIRED DOCUMENTS!

CUSTOMER DOES NOT INTEND TO REUSE SAME SERVICE: YES | NO |

1. APPOINTMENT TO CONFIRM WATER IS OFF DATE: _____

2. APPOINTMENT TO INSPECT CUT/CAP OF CURB STOP & REMOVAL OF CURB BOX (this cut & cap is at the main in the street AND MUST OCCUR BEFORE THE DEMO) DATE: _____

3. DEMO WILL OCCUR DATE: _____

DOCUMENTS NEEDED TO SUBMIT DEMO REQUEST	NOTES: _____
<input type="checkbox"/> ROAD OPENING PERMIT	_____
<input type="checkbox"/> WRITTEN TIMELINE FROM CONTRACTOR	_____

DO NOT ACCEPT THIS FORM IF YOU HAVE NOT COLLECTED THE REQUIRED DOCUMENTS!

KCWA OFFICE USE

<input type="checkbox"/> ALL CHARGES HAVE BEEN ADDED TO ACCOUNT
<input type="checkbox"/> ALL CHARGES HAVE BEEN PAID
<input type="checkbox"/> ACCOUNT HAS BEEN NOTED & PUT IN X CYCLE (IF REUSING SERVICE)
<input type="checkbox"/> ACCOUNT HAS BEEN REMOVED OF PUT IN P CYCLE (IF NOT REUSING)
<input type="checkbox"/> INFORMATION HAS BEEN PUT IN DEMO DATABASE
<input type="checkbox"/> APPROVAL LETTER MAILED TO TOWN/CITY, OWNER AND CONTRACTOR (ALSO SCAN A COPY IN)
<input type="checkbox"/> GIVE A COPY TO SHELBY TO UPDATE GIS

OUTSTANDING CHARGES DUE:	_____
DATE OF LAST BILL:	_____

WATER CONSUMPTION:	_____
WATER PROTECTION:	_____
OTHER CHARGES: (NOT READY FEE \$50)	_____
TOTAL CHARGES DUE:	_____

*APPROVAL LETTER WILL ONLY BE GENERATED ONCE ALL DOCUMENTS ARE RECEIVED AND ALL CHARGES HAVE BEEN PAID ON THE ACCOUNT