



# BANGOR WATER DISTRICT

P.O. BOX 1129 · BANGOR, ME 04402-1129  
 TEL: (207) 947-4516 · FAX: (207) 947-5707  
 www.bangorwater.org

## Information for Meter Sizing and Cross-Connection Control

Service Address \_\_\_\_\_

Customer: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor/plumber: \_\_\_\_\_ Phone: \_\_\_\_\_

*Each unit receiving service will be individually metered. A variance for a master meter in a multi-unit building may be allowed if the units share central hot water (heating or domestic use); however the water bill will be calculated based on the number of units plus consumption, i.e. a three-unit building with a master meter will be charged for three minimum water bills plus consumption over the minimum.*

*Variations to the meter policy for any other reason requires written application and approval by the Board of Trustees.*

*Accounts in a multi-unit building remain the responsibility of one entity unless there is a separate outside shut-off for each unit, or the meters are clustered in one location to which the District has unrestricted access. Failure to maintain access can result in denial of service.*

Total number of units in building: \_\_\_\_\_

Type of use:  Commercial  Industrial  Governmental  
 Residential  Fire protection  \_\_\_\_\_

Describe use: \_\_\_\_\_

Predominately flushometers:  Y  N Used by public:  Y  N

#	FIXTURE	#	FIXTURE	#	OTHER FIXTURES
	Bathtubs/showerheads		Utility sinks		
	Toilet – tank		Laundry tub/sink		
	Toilet- flushometer		Bar sinks		
	Urinal – flushometer		Dishwashers		
	Urinal – tank		Lavatory sinks		
	Urinal – pedestal		Clothes washers		
	Drinking fountains		Soda fountains		
	Cuspidors		Ice maker no refrigeration		
	Kitchen sinks		Hose connections		

**Complete and sign reverse side**

Additional Notes or Comments (i.e. continues flow needs or other water-use items):

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Please check all that apply to this facility:

Chemical use/injection	Swimming pool/hot tub
Recycled water connection	Well
Sewer septic tank	Sewage treatment/pumping
Booster pump/pressure tank	Medical /dental/lab facilities
Irrigation system	Commercial laundry/dry cleaning
Solar panels	Plating facilities
Steam generation	Cooling system
Industrial processing	Car wash
Sand/gravel processing	Fire protection
Food prep/dishwashing	Photo development/printing

Addition notes or comments (i.e. other connections or processes related to cross-connection classification):

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I certify that the information provided above is true and accurate.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>BWD USE</u></b>	
Calculated fixture units:	_____
Estimated peak flow demand:	_____
Required meter size: _____	Required backflow device: _____
Completed by: _____	Date: _____