TOWN OF BUENA VISTA
P.O. Box 2002
Buena Vista, CO 81211
719-395-8643 FAX 719-395-8644

RESIDENTIAL WATER TAP APPLICATION

Building Site Physical Address: _____

New Residence ☐ Accessory Dwelling Unit (ADU) ☐

Owner(s) Name: _____ Phone: _____

Mailing Address: _____

_____

Applicant if not owner: _____ Phone: _____

Mailing Address: _____

_____

Length of service line from the main line to house: _____ ft.

For ADU's, length of service line from existing meter to ADU: _____ ft.

***Note: All ADU applications must provide both existing residence line length and proposed ADU line length.**

CONDITIONS

1. Per the Buena Vista Municipal Code, Chapter 13, Article VII, Section 13-127, **all water lines must be inspected.**
2. A waterline inspection must be scheduled by calling the Water Department at 719-395-6898 Ext. 3#, a minimum of 48 hours prior to installation of the waterline.
3. All installation requirements and standards can be found in the Buena Vista Municipal Code, Chapter 13.

The Owner of the property hereby applies for a water tap for the property identified by the physical address listed above. Owner certifies that the water tap is to serve the structure to be built in accordance with the attached building permit. The Owner has given permission for the applicant to apply for the water tap on the owner's behalf.

Owner requests that the water bill be sent to: ___Owner _____**Applicant** until the Owner notifies the Town otherwise. Owner understands that the Owner is ultimately responsible for all unpaid water bills, which are considered a lien on the property in accordance with Colorado law.

_____ _____

Owner's Signature *Applicant Signature, if not owner*

Application Date: _____

Revised 2021

Project Address
_____

FIXTURE COUNT

List all existing and proposed fixtures and multiply the total number of fixtures by the IPC Load Value. If a fixture is not listed, list the fixture under "Other". If gpm demand is known use IPC Table 103.3(3) to find IPC Load Value.

Fixture Type (Common Fixtures listed below)		**Number of Fixtures**			**Total Number of Fixtures**	**IPC Load Value (60psi)**		**IPC Total Fixture Units (wsfu)**
		Existing or Main House	*Proposed or ADU*			*Total Hot and Cold*		
Bathtub	Public	(	+	)=	X	4	=	
	Private	(	+	)=	X	1.4	=	
Dishwasher		(	+	)=	X	1.4	=	
Drinking Fountain		(	+	)=	X	0.25	=	
Kitchen Sink	Public - Hotel, Restaurant, etc	(	+	)=	X	4	=	
	Private	(	+	)=	X	1.4	=	
Utility Sink		(	+	)=	X	1.4	=	
Bathroom Sink	Public	(	+	)=	X	2	=	
	Private	(	+	)=	X	0.7	=	
Mop basin		(	+	)=	X	3	=	
Shower Head	Public	(	+	)=	X	4	=	
(Separate – no bathtub)	Private	(	+	)=	X	1.4	=	
Urinal	1" flush valve	(	+	)=	X	10	=	
	3/4" flush valve	(	+	)=	X	5	=	
	flush tank type	(	+	)=	X	3	=	
Washing Machine	8 lb. Private	(	+	)=	X	1.4	=	
	8 lb. Public	(	+	)=	X	3	=	
	15 lb.	(	+	)=	X	4	=	
Toilet Flush Valve	Public	(	+	)=	X	10	=	
	Private	(	+	)=	X	6	=	
Toilet Tank Type	Public	(	+	)=	X	5	=	
	Private	(	+	)=	X	2.2	=	
	Flushometer	(	+	)=	X	2	=	
Hose Bib/Wall Hydrant	1/2"	(	+	)=	X	5	=	
	3/4"	(	+	)=	X	10	=	
Other		(	+	)=	X	0	=	
Other		(	+	)=	X	0	=	
Note: All listed fixture values from IPC Table 103.3(2).					**Total Combined Fixture Value (wsfu)**			
Irrigation (per 100 sq. ft):		**1.5 gallons per minute/100 sq. ft. X _____sq. ft.**						**_____gpm**

Commercial Only:

Will Booster Pump(s) be used for the domestic system? Y ___ N ___

If yes, please provide peak pumping system capacity (gpm) and information on any water fixtures that will bypass the booster pump(s).	Peak Capacity = _____gpm
Any process water or special water use? (not included in above fixtures) - Commercial Only	**Y ___ N ___**
If yes, type and peak gpm demand?	_____gpm

Total gpm: _____

IPC TABLE E103.3(3) TABLE FOR ESTIMATING DEMAND

Use the Total Combined Fixture Value (wsfu) on page 2 to convert to gallons per minute (gpm).

SUPPLY SYSTEMS PREDOMINANTLY FOR FLUSH TANKS			SUPPLY SYSTEMS PREDOMINANTLY FOR FLUSH VALVES		
Load	*Demand*		*Load*	*Demand*	
(Water supply fixture units)	(Gallons per minute)	(Cubic feet per minute)	(Water supply fixture units)	(Gallons per minute)	(Cubic feet per minute)
1	3.0	0.04104	—	—	—
2	5.0	0.0684	—	—	—
3	6.5	0.86892	—	—	—
4	8.0	1.06944	—	—	—
5	9.4	1.256592	5	15.0	2.0052
6	10.7	1.430376	6	17.4	2.326032
7	11.8	1.577424	7	19.8	2.646364
8	12.8	1.711104	8	22.2	2.967696
9	13.7	1.831416	9	24.6	3.288528
10	14.6	1.951728	10	27.0	3.60936
11	15.4	2.058672	11	27.8	3.716304
12	16.0	2.13888	12	28.6	3.823248
13	16.5	2.20572	13	29.4	3.930192
14	17.0	2.27256	14	30.2	4.037136
15	17.5	2.3394	15	31.0	4.14408
16	18.0	2.90624	16	31.8	4.241024
17	18.4	2.459712	17	32.6	4.357968
18	18.8	2.513184	18	33.4	4.464912
19	19.2	2.566656	19	34.2	4.571856
20	19.6	2.620128	20	35.0	4.6788
25	21.5	2.87412	25	38.0	5.07984
30	23.3	3.114744	30	42.0	5.61356
35	24.9	3.328632	35	44.0	5.88192
40	26.3	3.515784	40	46.0	6.14928
45	27.7	3.702936	45	48.0	6.41664
50	29.1	3.890088	50	50.0	6.684
60	32.0	4.27776	60	54.0	7.21872
70	35.0	4.6788	70	58.0	7.75344
80	38.0	5.07984	80	61.2	8.181216
90	41.0	5.48088	90	64.3	8.595624
100	43.5	5.81508	100	67.5	9.0234
120	48.0	6.41664	120	73.0	9.75864
140	52.5	7.0182	140	77.0	10.29336
160	57.0	7.61976	160	81.0	10.82808
180	61.0	8.15448	180	85.5	11.42964
200	65.0	8.6892	200	90.0	12.0312
225	70.0	9.3576	225	95.5	12.76644
250	75.0	10.026	250	101.0	13.50168
275	80.0	10.6944	275	104.5	13.96956
300	85.0	11.3628	300	108.0	14.43744
400	105.0	14.0364	400	127.0	16.97736
500	124.0	16.57632	500	143.0	19.11624
750	170.0	22.7256	750	177.0	23.66136
1,000	208.0	27.80544	1,000	208.0	27.80544
1,250	239.0	31.94952	1,250	239.0	31.94952
1,500	269.0	35.95992	1,500	269.0	35.95992
1,750	297.0	39.70296	1,750	297.0	39.70296
2,000	325.0	43.446	2,000	325.0	43.446
2,500	380.0	50.7984	2,500	380.0	50.7984
3,000	433.0	57.88344	3,000	433.0	57.88344
4,000	525.0	70.182	4,000	525.0	70.182
5,000	593.0	79.27224	5,000	593.0	79.27224

Project Address

_____

ONCE THE SERVICE LINE HAS BEEN CONNECTED, YOU WILL RECEIVE A WATER BILL EVEN IF NO WATER HAS BEEN USED.

TOWN USE ONLY

System Improvement Fee: _____ CK #: _____ Receipt:_____

Water Rights Payment-In-Lieu Dedication Fee: _____ CK #:_____ Receipt:_____

ADU Water Tap Fee: _____ CK #: _____ Receipt:_____

Tap #:_____ Route:(1) Southwest_____ (2) Northeast___ (3) Northwest___(4) Southeast___

Tap Location:_____Tap Size:_____

Water Service Size:_____ Service Length:_____Meter Size:_____

Approved By: _____

Inspected By:_____Tapping Date:_____

Comments:_____