



Left Hand Water District

COMMERCIAL/INDUSTRIAL TAP APPLICATION SUPPLEMENTAL INFORMATION FORM

Date: _____

Name of Business: _____

Mailing address: _____

Email: _____

Facility Location (Address and Subdivision Block and Lot #):

Individual responsible for operation: _____

Individual providing information: _____

Size of tap requested: _____

Describe your business activity: _____

List principal products or services: _____

Describe all planned types of water use in and around the proposed building:

Projected water use: Average monthly (June-September): _____ gallons/month
Average monthly (October-May): _____ gallons/month
Maximum day: _____ gallons/day
Peak meter flow required: _____ gallons/minute

Does your activity involve the following: Water use for processing of goods? _____

If yes, are there any chemical or hazardous materials associated with the processing of the goods? _____

**TO EXPEDITE YOUR REVIEW PLEASE INCLUDE
ENGINEERED CIVIL, LANDSCAPE, AND PLUMBING DRAWINGS.**