

Phone: (513) 734-2236  
Fax: (513) 734-7950

Address:  
2599 State Route 232  
New Richmond, Ohio 45157

**Tate Monroe Water Assn., Inc.**  
Water Availability Application And  
Cross Connection Questionnaire  
(Commercial)

Owner(s) (Please print as it appears on deed) Deed holder 1: \_\_\_\_\_

Deed holder 2: \_\_\_\_\_

Phone: \_\_\_\_\_ General Contractor (If applicable): \_\_\_\_\_

Submitted By: \_\_\_\_\_ Township: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision Name (If applicable); \_\_\_\_\_

Project Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Ohio, \_\_\_\_\_ Zip \_\_\_\_\_

Distance and direction of nearest intersecting road. \_\_\_\_\_ ft. (Circle One) N E S W NE NW SE SW

**Building/Complex Description** (Please complete below and attach a description):

Multiple Units (Apartments/Mobile Home Parks/Campsites)

\_\_\_\_\_ No. of Dwelling Units  
\_\_\_\_\_ 1 Bdrm \_\_\_\_\_ 2 Bdrm \_\_\_\_\_ 3Bdrm  
\_\_\_\_\_ No. of Stories

Maximum Flow Requirements: \_\_\_\_\_ Gallons Per Minute (GPM)  
Fire Flow Requirements: \_\_\_\_\_ GPM at 20 psi

**Circle Yes or No:**

Lawn Sprinkling System	Yes	No
In Home Sprinkler System	Yes	No
Boiler Heat	Yes	No
Self Draining Hydrants, Fountains, Hose Boxes	Yes	No
Dishwasher	Yes	No
Soap educator	Yes	No
Swimming Pool:	Yes	No
Whirlpool or Jacuzzi Bath	Yes	No
Baptistery	Yes	No

**Office Use Only:**

Water is Available \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Water is available contingent on following conditions:  
\_\_\_\_\_  
Permit/type \_\_\_\_\_ State \_\_\_\_\_ County  
\_\_\_\_\_ Elevation  
\_\_\_\_\_ Bill for additional service line.  
Total Length: ( \_\_\_\_\_ ) - 70 = \_\_\_\_\_ feet x \$ \_\_\_\_\_ per foot =  
\$ \_\_\_\_\_.  
\_\_\_\_\_ Residential sprinkler system - Minimum usage based on  
one inch meter. Actual meter size \_\_\_\_\_.  
Employee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

If Yes, Fill Method \_\_\_\_\_  
If Yes, Fill Method \_\_\_\_\_  
If Yes, Fill Method \_\_\_\_\_

**Water Used for the Following (Please Check all that Apply):**

\_\_\_ Processing \_\_\_ Product \_\_\_ Cooling \_\_\_ Sanitary \_\_\_ Culinary/Drinking \_\_\_ Domestic  
\_\_\_ Other; Explain \_\_\_\_\_

**Auxiliary Water Storage:**

Type and capacity in gallons: \_\_\_\_\_ Gravity Tank \_\_\_\_\_ Pressure Tank \_\_\_\_\_ Reservoir \_\_\_\_\_ Gallons  
Will it be filled with Tate Monroe Water Yes No

The undersigned owner of this building or agent of the owner hereby certifies that the information and statements given on the application, drawings and specifications are, to the best of his/her knowledge, true and correct and acknowledges that action taken on this application does not constitute approve for sizing, metering and /or cross connection control or for other additional/different requirements of Tate Monroe Water's Rules and Regulations.

Signature of Applicant: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_