



**AQUARION**  
Water Company

Aquarion Water Company of New Hampshire  
7 Scott Road  
Hampton, NH 03842  
603-926-3319 phone  
[www.aquarionwater.com](http://www.aquarionwater.com)

*Stewards of the Environment®*

## **INFORMATION REQUIRED FOR NEW SERVICE CONNECTION**

For a smooth process please submit all the following information. Approval of plans submitted with out this information will be delayed.

### **PLEASE SUBMIT THE FOLLOWING:**

- Completed New Service Forms - four pages, including Water Meter Sizing Worksheet, a signed Meter Installation Requirement Form (if pit foreman must approve plan) and the signed copy returned. If fire service is required, please ask for a Fire Service Application.
- Plans of building with location where water lines enter building.
- Commercial accounts must complete a Backflow Prevention Device Design Data (worksheet can be supplied upon request).
- Completed inspection by service person before backfilling pipes in ground (Can call office during working hours to set appointment with at least ½ day in advance).
- **HAMPTON ONLY:** the Town of Hampton requires a Digging Permit which requires a check made out to the Town of Hampton for \$200.00. Aquarion Water Company will bring the check with the correct paperwork to the Town offices to obtain the Permit.

Any questions regarding the above information can be answered at the office 603-926-3319 x0.

## ***New Service Form for Domestic Line***

### **Contact Information**

Date	
Applicant Contact	
Applicant Mailing Address	
Contact Information – phone, fax, e-mail	
Project Start Date	

### **New Service Location**

Address	
Town	
Type of Service/Project	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> More than two Apartments <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other (Describe):
Utility/Plot Plan ( <i>Required</i> )	<input type="checkbox"/> Attached

### **Water Demand (per Envs-Ws 1000)**

Irrigation Demand ( <i>Gallons per day</i> )	Irrigation system installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
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### **Water Lines/Service**

Domestic Line Size	
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# Water Meter Sizing Worksheet

Account #: \_\_\_\_\_ # of Units: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Utility Worker: \_\_\_\_\_

Type of fixture	Fixtures	Value (gpm)	Total
Sink, Clinic	x	3.0	= 0
Sink, Kitchen	x	1.5	= 0
Sink, Mop Basin	x	3.0	= 0
Sink, Laundry	x	1.5	= 0
Sink, Bar	x	2.0	= 0
Sink, Lavatory	x	1.0	= 0
Tub or tub/shower	x	4.0	= 0
Shower	x	2.0	= 0
Urinal, 1.0 GPF	x	4.0	= 0
Urinal, >1.0 GPF	x	5.0	= 0
Toilet, 1.6 GPF gravity tank	x	2.5	= 0
Toilet, 1.6 GPF flushometer valve	x	5.0	= 0
Toilet, >1.6 GPF flushometer valve	x	8.0	= 0
Clothes Washer, domestic	x	4.0	= 0
Dishwasher	x	1.5	= 0
Drinking Fountain	x	0.5	= 0
Hose bib	x	2.5	= 0
Hose bib, each additional	x	1.0	= 0
Irrigation	x	12.0	= 0
<b>TOTAL/2</b>			<b>0</b>

Fixture Count	Recommended Meter Size
0 - 22	5/8"
22.5 - 89	1"
89.5 - 286	1 1/2"
286.5 - 532	2"

**Inspection of Piping**

Set Appointment date to inspect water lines and gates before backfilling	<b>APPLICATION WILL BE IN PENDING FILE UNTIL APPOINTMENT SET</b>
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**Special Service Requirements**

Meter Pit Required – if service line is longer than 100 ft	<input type="checkbox"/> Yes and type: _____ <input type="checkbox"/> No
Private Line with Easement	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note: Easements must be prepared by an attorney and reviewed by our counsel. They must also be recorded with the county.**

**Reviews/Signatures**

Applicant	Signature: _____	Date: _____
Aquarion Water	Signature: _____	Date: _____

**Note: Prior to approval the plot plan showing the proposed location of all water lines and gates will be reviewed with the signed service application.**

**OFFICE USE ONLY**

Domestic Meter Size	
Domestic Backflow Prevention Device	Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (Evaluated by Aquarion Surveyor) <i>Type:</i> <input type="checkbox"/> Double Check Valve Assembly (DCVA) <input type="checkbox"/> Reduced Pressure Zone Backflow Preventer (RPZ) <i>See attached checklist of cross connection hazards</i>
Irrigation Service Backflow Prevention Device	<input type="checkbox"/> Pressure Vacuum Breaker (PVB) <input type="checkbox"/> DCVA <input type="checkbox"/> RPZ
Premise #	
Connection Object #	
Business partner #	

## New Meter Installation Requirements

- Must be mounted in Horizontal Position
- Must be in an accessible location where it can be easily reached for repair, reading, or replacement
  - not in crawl space (42" headspace minimum)
  - not farther than arms reach within any enclosure
  - not in vaults, ceilings, or in confined or substandard spaces
- Must be in an area protected from temperature variations and weather (unless this will be a seasonal residence)
- Must have **ball valves** on the inlet and outlet sides of meter
- Must be 18 inches off ground/floor
- Minimum distance from wall:
  - 5/8 and 1 inch meter = 6 inches
  - 1 1/2 and 2 inch meter = 18 inches
- Must have meter spuds or meter horn installed
  - Meter setting gap between spuds should be:
    - 5/8 inch meter = 7 1/2 inches
    - 1 inch meter = 11 inches
    - 1 1/2 inch meter = 13 inches
    - 2 inch meter = 17 inches

I have read the above and will comply with the requirements.

**NOTE: Meter will not be set nor water service activated if any of the above conditions are not met.**

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Signature of Applicant