

Date and Time Received

NORTH RAYNHAM WATER DISTRICT
Raynham, Ma.

WATER IMPACT STUDY REPORT FORM

NOTE: This form must be filled in completely and signed in all applicable locations. On questions that do not apply to the project fill in N/A. If additional space is needed to completely answer any question, attach additional sheets of paper as needed. All information must be typed or printed in ink.

1) PROJECT SUMMARY:

A. Project Identification:

1) Project Name: _____

2) Project Proponent: _____

B. Project Description:

1) Location - Street address if applicable: _____

2) Estimated Project Commencement Date: _____

Estimated Completion Date: _____

Approximate Project Cost: _____

C. Project Narrative:

Describe the project and give a brief general description of the expected water needs.
Attach a USGS map showing the location of the proposed project.

2) IMPACT ON WATER SUPPLY:

A) State the number of units or square footage. If the project is to be built in phases, state the expected schedule. Attach three (3) copies of the site and utility plans.

B) Water Consumption:

1) Estimated average day demand (in gallons per unit and project total):

2) Estimated Maximum day demand (in gallons per unit and project total):

C) Fire System Requirements:

1) Does this project require fire protection other than from fire hydrants? Yes _____ No _____

2) If Yes, then state the required fire flow: _____ GPM @ _____ PSI. Attach a letter from the design engineer or sprinkler company. If this project requires more than one fire sprinkler line, include the above information for each proposed line.

D) State Required Minimum Domestic Pressure desired: _____ PSI.

E) Irrigation Systems:

1) Are any irrigation systems proposed? Yes _____ No _____

2) If Yes, will the system be tied into the domestic water supply? Yes _____ No _____

3) If Yes, give the demand requirements: _____ GPM @ _____ PSI, and the total daily consumption of the system. _____ gallons per day.

4) List all alternatives other than connecting the irrigation system to the water supply.
(wells, ponds, etc.)

F) Alternative Water Sources:

- 1) List any potential alternative to connecting to the District for domestic water supply.

- 2) List any potential alternative to connecting to the District for fire protection purposes.
(wells, fire ponds, etc.)

G) Water Conservation:

List any conservation methods being proposed such as recycling, water saving fixtures, etc.

H) Cross Connections:

- 1) List any known or possible Cross Connections within this project as defined in 310 CMR 22.22 and as amended, of the Massachusetts Drinking Water Regulations.

NOTE: A Cross Connection Survey will be done prior to the District supplying water to any new facility.

- 2) List all measures being proposed to eliminate or protect the public water supply.

CERTIFICATION: _____
DATE

Signature of Project Proponent

Type or Print Name

Street Address

Mailing Address if different

City / Town, State, Zip

Phone Number

DATE

Signature of Paid Preparer

Type or Print Name

Street Address

Mailing Address if different

City / Town, State, Zip

Phone Number

I, we have read the rules and regulations of the North Raynham Water District and understand them. I, we are also aware of the System Development and Demand fees which are payable upon approval of the water application. I, we understand that this report form will be reviewed by the District's Engineering firm at a nominal fee and I, we agree to pay for the review. I, we also understand that all demand fees paid are non refundable, and that all applications (Including Water Impact Studies) for all water shall become null and void one year from the date of approval if construction of the water utilities has not begun.