

**CITY OF STOW, OHIO
3760 DARROW ROAD
STOW, OHIO 44224
Phone: 330-689-2719
Fax: 330-688-6357**

WATER USAGE DISCLOSURE FORM

Please fill out all sections and return the completed form to the above address.

*Please call the City of Stow Engineering Dept. at least three working days prior to submitting this form for information on the available pressure and flow at the point of connection for your proposed site. Average Pressure = _____ psi
Average Flow = _____ gpm*

A. CONTACTS:

1. Developer or Owner:

Contact Person _____ Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

2. Registered Architect or Engineer:

Contact Person _____ Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

3. Contractor, if Known:

Contact Person _____ Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

B. PROJECT INFORMATION:

Location of Project (Nearby Address & Street Name, or Road Intersection)

Type of Business or Industry: (i.e. offices, industrial, service, retail, etc.)

Normal Operating Hours: _____ to _____

Are shifts being used? Yes or No? (Circle one)

If yes, please specify which shift uses the most water: _____.

Reason: _____

Estimated # of employees that will be on this site after these improvements: ____.

Estimated total number of employees per shift:

7:00 a.m. to 3:00 p.m. 3:00 p.m. to 11:00 p.m. 11:00 p.m. to 7:00 a.m.

8:00 a.m. to 6:00 p.m. (other shifts – please specify hours)

The type and amount of process chemicals used daily at this site, which includes items such as solvents, cutting oils, degreasers, etc. which may be utilized in processes of plating, etching, cleaning, grinding, etc. (Please be specific with chemical names). _____

Auxiliary Connections: (Attach OEPA and Stow Water Superintendent approval letters)

Will there be any auxiliary water sources to this parcel? Yes or No? If yes, please specify: _____

Anticipated Water Usage:

Use	Water Line Size	Normal Use	Max Use
Domestic	_____ in.	_____ gpm	_____ gpm
Fire Suppression	_____ in.	_____ gpm	_____ gpm
Irrigation	_____ in.	_____ gpm	_____ gpm
Other	_____ in.	_____ gpm	_____ gpm

Will there be any fire hydrant lines installed as part of this project that will be privately owned? Yes or No? (Circle One)
Size of Line _____ Type of Line _____
No. of Hydrants: _____
(The City of Stow reserves the right to determine the make of the hydrant)

Backflow Control Devices:

Domestic Line: _____ Type: _____
Fire Suppression: _____ Type: _____
Irrigation: _____ Type: _____
Other: _____ Type: _____

Is there a Backflow/Cross-Connection Control Program in effect for this plant? Yes or No? If yes, please complete the following:
Reporting Person: _____ Phone: _____

Note: The curb stop valve and main shut-off valve must be within the City of Stow Right of Way or a Recorded Utility Right of Way, unless otherwise approved by the City of Stow Engineering Department.

<i>Meter Sizes (shall be filled-out by the City of Stow)</i>	
<i>Domestic</i> _____ <i>in.</i>	<i>Type</i> _____
<i>Fire</i> _____ <i>in.</i>	<i>Type</i> _____
<i>Irrigation</i> _____ <i>in.</i>	<i>Type</i> _____
<i>Other</i> _____ <i>in.</i>	<i>Type</i> _____

Please submit this form with two (2) copies of the site plan stamped and signed by a professional engineer/architect. Please provide detailed information on the water service, including the details of the meter setting and backflow settings within the proposed building. Meter vaults are not permitted for commercial site plans.

Disclosure Statement:

The information contained in this Disclosure Declaration is familiar to me, and, to the best of my knowledge and belief, such information is true, complete, and accurate.

Name of Reporting Person: _____

Address: _____

Name (please print)

Title

Signature

Date