



# Water Engineering Design Information Request

The *Reliable One*®

To help facilitate the OUC Water Engineering review process, the following information shall be provided and accompany each water design submittal.

Date \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

Are roads within this project to be PUBLIC or PRIVATE? \_\_\_\_\_

Building(s) Description: \_\_\_\_\_

### Commercial:

Type of Building	Square Footage	Provide GPD
Office		
Government		
Hospital		
Retail		
Other		
Type of Building	# of Hotel Rooms	Provide GPD
Hotel		

Provide calculation method for determining GPD.

### Multi - Family List # of buildings and total # of units

Type of Building	# of Buildings	Total # of Units
Townhome		
Condo		
Carriage Home		
Apartment		
Other		

### Multi - Family Breakout bedroom count for each unit

Type of Building	1 bedroom units	2 bedroom units	3 bedroom units and >
Townhome			
Condo			
Carriage Home			
Apartment			
Other			

### Multi - Family

Describe ownership type for each building type. (e.g. rented, leased, owned fee simple)

\_\_\_\_\_

List all Home Owner's Associations involved with this project, describe their responsibility and locational jurisdiction.

\_\_\_\_\_

Are roads within this project to be PUBLIC or PRIVATE? \_\_\_\_\_

Will this project have gated access? \_\_\_\_\_

Single Family Homes - Indicate number of lots. \_\_\_\_\_

What is the project max day domestic flow? \_\_\_\_\_

What is the needed fire flow to site? \_\_\_\_\_

Provide signed and sealed hydraulic calculations supporting fire flow requirements.

Is FDEP permit required? If not provide letter of determination from D.E.P. (No Permit Required). \_\_\_\_\_

Is reclaim water available to site? Indicate provider if applicable. \_\_\_\_\_

Owner's name, address, contact numbers fax, email. (including all partnerships)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Developer's engineer, address, contact numbers, fax, email

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Additional Notes:

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