



**PUBLIC WORKS & UTILITIES
SYSTEM PLANNING DIVISION
455 N MAIN – 7th FLOOR – Wichita, KS
T 316-268-4555**

**APPLICATION FOR SEWER SERVICE BASED ON VOLUME
VIA AUXILIARY WATER METER INSTALLATION**

Date: 5-31-23

GENERAL INFORMATION

Facility Name: Wichita Northwest High
 Account Number: 109261
 Street: 1220 N. Tyler
 City: Wichita
 Telephone: 316-973-6000 (School) 316-973-2004 (Damian)
 E-mail: dbruce@usd259.net dhasenkamp@usd259.net
 Person of Contact: Damian Bruce or David Hasenkamp

WATER INFORMATION

List size, descriptive location and flow of each facility water line which connects to the City's water system.

<u>Size</u>	<u>Descriptive Location of Water Connection</u>	<u>Average Flow (GPD)</u>
<u>1"</u>	<u>Inside boiler room taps off the main supply on the north wall</u>	<u>4,230</u>

AUXILIARY FLOW INFORMATION

Provide the following information on the anticipated flow rates for the auxiliary water meters:

DIVERSION METER (FEED)

Max. flow rate (GPM) 60 Minimum flow rate (GMP) .75
 Annual daily average (GPD) 3,187

RETURN METER (BLEED)

Max. flow rate (GPM) _____ Minimum flow rate (GMP) _____
 Annual daily average (GPD) _____ Max. Temperature F° _____

Does the facility have a location for the installation of equipment which is accessible to authorized representatives from the Public Works & Utilities Department?

Yes No Location Description: Boiler Room, North Wall,
 Yes _____

Does the location capture more than one of the facility's water sources?

Yes No Explanation: _____

No

SCHEMATIC FLOW DIAGRAM

Building Layout

Attach a drawing of the location of each building on the premises. Show map orientation and location of all water meters, water service lines or other sources of water such as wells. Show the location of all connections to the municipal storm sewer system, municipal sewer lines and facility sewer lines connecting to the municipal sewer system. Provide the diameter and direction of flow for each line that will be used in the calculation of the sewer charge.

AUTHORIZED SIGNATURES

Authorized Representative Statement

I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete.

Damian Bruce
Name

Energy Management
Title


Signature

5-31-23
Date

316-973-2004
Phone