



Mailing Address:
 P.O. Box 570
 Adkins, TX 78101
 Office: (210) 649-2383
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SERVICE AVAILABILITY REQUEST FOR NON-STANDARD SERVICE

Date:

Project Name: _____ Applicant Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Legal Description of the Tract: _____
 (Please attach a plat, proposed master development plan, vicinity map, or any other pertinent information)

County of Property: _____

EDU CALCULATIONS:

EDU Request		Irrigation:	
Residential service(s)	x 1 EDU/service	5/8" x 3/4"	x 1 EDU/service
Mobile Home lot(s)	x 1 EDU/service	3/4"	x 1.5 EDU/service
RV Spaces(s)	x .33 EDU/service	1"	x 3 EDU/service
Multifamily	x .5 EDU/service	1.5"	x 5 EDU/service
Commercial	Peak Demand (GPM)	2"	x 8 EDU/service
Other		Fireflow Requirements (zero if none)	gpm

FEES:

Total EDUs x \$15/EDU (minimum \$80 not to exceed \$3,000) \$

DISTRICT USE

Application Received: _____ Date of Payment: _____

Adjustment Transaction Audit # _____ Payment Transaction Audit # _____

Amount of Payment: _____ Type of Payment: cc cash check # _____
 Employee's Initials: _____

DISTRICT ENGINEER:

Served by: _____ Minimum Flow: _____

Pressure Information:

Recommend approval	Elevation of highest meter
Recommend approval with conditions (noted below)	Static head
No recommendation	Minimum Pressure

Conditions of Approval: _____

Completed by: _____ Date: _____