



Mailing Address:
 P.O. Box 570
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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)

EDU CALCULATIONS:

| Domestic: | 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 _____ |
| | 2" _____ x 8 EDY/service _____ |
| Total Domestic and Irrigation: _____ EDUs | 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 <input type="checkbox"/> cash <input type="checkbox"/> 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: |
|---------------|-------|