



Mailing Address: P.O. Box 570
 Adkins, TX 78101
 Physical Location: 5570 FM 1688
 Adkins, TX 78101
 Office: (210) 649-2383
customerservice@ecsud.com

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 (zerzo 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:
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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:
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