



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)

County of Property:

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 EDU/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 ☐ 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: