



West Boylston Water District

183 Worcester Street
West Boylston, MA 01583
508-835-3025 508-835-3364 (fax)
Westboylstonwater.org

Michael D. Coveney, Superintendent

APPLICATION FOR WATER SYSTEM IMPACT STUDY

I. Project Overview & Description

A. Project Name: _____

B. Project Proponent: _____
_____ :

C. Location: _____

D. Describe project and give general description of expected daily water needs and attach USGS map showing project location.

II. Impact on Water Supply System

A. State the number of units and/or square feet anticipated for the project site. If project is to be built in phases, provide schedule. Attach two (2) copies of site plans and utility plan.

B. Estimate consumption of water:

Estimated average daily consumption _____ gallons.

Estimated maximum daily consumption _____ gallons.

Are lawn sprinklers and/or lawn irrigation proposed on site? ____ yes ____ no.

C. Estimated fire flows required for the project site (attach letter of correspondence from insurance company if available).

D. Does the project require a fire suppression system? ____ yes ____ no.

E. List alternatives to connection to the water system. (*i.e.*, Fire ponds, on-site wells etc.)

F. List any conservation methods being proposed. (*i.e.*, recycling, irrigation well, rain garden etc.)

III. Certification

Signature of Project Proponent

Date

Type or Print Name

Company Name

Street Address

City/Town, State/Zip Code

Phone Number

Signature of Person Preparing the Form/Date
(if different from above)

Type or Print Name

Company Name

Street Address

City/Town, State/Zip Code

Phone Number