**FIXTURE COUNT, FLOW CALCULATIONS, LINE AND METER SIZE**

North City Water District: P.O. Box 55367, Shoreline WA 98155, (206) 362-8100, Fax: (206)

361-0629 Project name

Project address

Plumber or engineer name and phone

<table>
<thead>
<tr>
<th>COUNT</th>
<th>FIXTURE</th>
<th>FIXTURE UNITS</th>
<th>FLOW (GPM)</th>
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<tr>
<td></td>
<td></td>
<td>PRIVATE</td>
<td>PUBLIC</td>
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<tr>
<td></td>
<td>Bathtub or Bath/Shower</td>
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<td>Bidet</td>
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<td>Clothes washer</td>
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<td></td>
<td>Dental Unit, cuspidor</td>
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<td>Dishwasher, domestic</td>
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<td>Drinking Fountain</td>
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<td>Hose Bib</td>
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<td>Lavatory</td>
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<td>Lawn Sprinkler</td>
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<td>Mobile Home</td>
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<td><strong>Sinks</strong></td>
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<td>Clinic Faucet</td>
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<td>Clinic Flushometer Valve</td>
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<td>Kitchen, domestic</td>
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<td>Laundry</td>
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<td>Service or Mop Basin</td>
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<td>Wash-up</td>
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<td>Shower</td>
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<td>Urinal, 1GPF Flushometer Valve</td>
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<td>Urinal &gt;1GPF Flushometer Valve</td>
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<td>Urinal, flush tank</td>
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<td>Wash fountain</td>
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<td>Water Closet, 1.6GPF Gravity Tank</td>
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<td>Water Closet, 1.6GPF Flshometer Tank</td>
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<td><strong>Totals (please complete both)</strong></td>
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Length of pipe from meter to farthest fixture

Size of pipe

Size of meter required: (Please circle one)  
5/8” X 3/4”, 1”, 1 1/2”, Larger

Name (printed)  Signature  Date

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