

LAUNIUPOKO WATER COMPANY, INC.

YOUR DRINKING WATER PROVIDER

305 E. Wakea Ave., Ste 100
Kahului, Maui, Hawaii 96732

Phone: (808) 877-4202
Fax: (808) 877-9409

WATER USE ASSESSMENT FORM & CONVERSION REQUEST

Owner Information:

Name: _____ Phone _____

Mailing Address: _____ Email _____

No. of individuals living in the household: _____ Full time or Part time Residents (*circle one*)

Property Information:

Subdivision _____ Lot no. _____

Property Address: _____ TMK _____

Total Lot Size (acres) _____ CPR Yes or No (*circle one*)

Landscape area (acres) _____

Agricultural area (acres) _____

Water Usage Information:

Potable (drinking water) avg. monthly use _____ gallons/mo.

Non- Potable (irrigation water) avg. monthly use _____ gallons/mo.

Service Request:

Preference for Crossover Conversion Connection Type: **A** or **B** (*circle one*)

(Final determination on the Crossover Conversion Connection to be made by LWC/WML)

Other Comments or Notes: _____

Submitted by:

The undersigned confirms that the information and statements provided above are true and correct to the best of my/our knowledge.

Name

Date

Name

Date

For Official/Office Use

Meter & Property Information:

Service Address _____ Owner Name _____

LWC Meter No. _____ LWC meter size: _____

LIC Meter No. _____ LIC meter size: _____

Initial Inspection by WML (name): _____ on (date) _____

_____ Approved for Crossover Design A or B (circle one). _____ Not approved for Crossover

Cost Estimate: Inspections \$ _____ Crossover connection: \$ _____

Notes: _____

Plumbing Permit no. _____ Completed on (date) _____

Plumber Name _____ License no. _____

Plumber Contact Information: _____

Final Inspection(s) by WML:

Name: _____ on (date) _____

_____ Fail Comments: _____

Name: _____ on (date) _____

_____ Fail Comments: _____

Name: _____ on (date) _____

_____ Pass _____ Annual Backflow Preventer(s) Inspection, and tagging

The undersigned has inspected the connection and confirms that the work was completed in a workman like manner, in accordance with approved plans.

Name

Date