



A Service of The City of Cincinnati

GREATER CINCINNATI  
WATER WORKS

**Water Service Branch Application Checklist:  
All Fire Branches,  
Domestic & Irrigation Services 4" & Larger,  
Dual Service & Tri-Service Branches  
All Domestic Legs of the Dual or Tri-Services**

Project Address: \_\_\_\_\_

1.) **This Water Service Checklist must be completed and submitted with the following items:**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

2.) **ALL Appropriate Cross Connection Questionnaire(s); complete & signed by the GCWW Certified Person**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

3.) **One printed full-size Large Branch Drawing with ALL GCWW required information as specified in the GCWW Branch and Meter Procedures. Once approved, FOUR copies are required to be provided by certified person.**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

4.) **Current Flow Test data as specified in the GCWW Branch and Meter Procedures**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

5.) **Demand Calculations for all Branches 4" and larger (For EACH part of any dual or tri-service 4" and larger)**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

6.) **One printed copy of the issued Permit for the subject premise as specified in the GCWW Branch and Meter Procedures.**

For Office Use Only: Viewed on date \_\_\_/\_\_\_/\_\_\_  Needs changes prior to application  Ready for submittal

- Greater Cincinnati Water Works will consider the applicant to be the single point of contact.
- All communication is expected to come through the applicant in a timely manner.
- Inaction or lack of communication from the applicant for 4 weeks will cancel this application.

GCWW recommends that the "certified person" of record return all six (6) documents listed in person in the event there are questions or modifications required.

GCWW Certified Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GCWW Certified Person's Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Email Address: \_\_\_\_\_