



Received Planning Division

Engineering Department  
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[www.BeavertonOregon.gov](http://www.BeavertonOregon.gov)

Remit Form to: [MailboxEngineering@BeavertonOregon.gov](mailto:MailboxEngineering@BeavertonOregon.gov)

## Water Service Provider Letter (SPL)

Please include plan sheets showing proposed improvements

yellow highlight mandatory info

PRE-APPLICATION DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

SITE INFORMATION:

Contact: \_\_\_\_\_

Tax Map(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

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

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

Size: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Email: [sam.huck@3j-consulting.com](mailto:sam.huck@3j-consulting.com)

Nearest cross-street (or directions to site): \_\_\_\_\_

OWNER(S):

Contact: \_\_\_\_\_

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

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

Requesting new meter or replacement of existing meter with larger size?  No

Phone: \_\_\_\_\_

Email: [m.kilmartin@thprd.org](mailto:m.kilmartin@thprd.org)

PROPOSED PROJECT NAME: \_\_\_\_\_

PROPOSED DEVELOPMENT ACTION (ex. Design Review, Land Division, Conditional Use, etc.): \_\_\_\_\_

EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

RESIDENTIAL: \_\_\_\_\_ INDUSTRIAL/COMMERCIAL: \_\_\_\_\_ CONDITIONAL USE: \_\_\_\_\_

Single Fam. \_\_\_\_\_ Multi-Fam. \_\_\_\_\_ Type of Use: \_\_\_\_\_ No. of Students/Employees/Etc.: \_\_\_\_\_

No. of Units: \_\_\_\_\_ Gross Floor Area \_\_\_\_\_ SQ. FT. Gross Floor Area \_\_\_\_\_ SQ FT.

Average Daily Demand (gallons/day): \_\_\_\_\_ Peak Daily Demand (gallons/day): \_\_\_\_\_ Peak Hour (gallons/day): \_\_\_\_\_

FIRE FLOW REQUIRED: (gpm): \_\_\_\_\_ IRRIGATION FLOW REQUIRED: (gpm): \_\_\_\_\_

\*\*\*FOR INTERNAL USE ONLY – DO NOT WRITE BELOW THIS LINE\*\*\*

\*\*\*Both agency signatures required

**TVWD**  ADEQUATE  INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COB**  ADEQUATE  INADEQUATE SERVICE LEVEL TO SERVE THE PROPOSED PROJECT. Describe why service level is inadequate and needed improvements or modification required to provide adequate services. (Use additional sheets to explain if necessary)

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_