

# Florida Keys Aqueduct Authority

## Fixture Count Worksheet

Number of Fixtures	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Date: _____ Location #: _____
	Bathtub with Shower Head or Jetted Tub <b>(Circle One)</b>	
	Beverage Station	
	Bidet	
	Blender Station or Soda Gun <b>(Circle One)</b>	
	Coffee Machine - Standalone	
	Dishwasher: 1/2" or 3/4" <b>(Circle Size)</b>	
	Drinking Fountain: Cooler or Public <b>(Circle One)</b>	
	Eyewash/Shower Assembly	
	Hose Connections: 1/2" or 3/4" <b>(Circle Size)</b>	
	Ice Machine: Commercial or Residential <b>(Circle One)</b>	
	Pool	
	Shower Head (Shower Only)	
	Sink, Bathroom (Lavatory): 1/2" or 3/8" <b>(Circle Size)</b>	
	Sink, Janitor	
	Sink, Kitchen: 1/2" or 3/4" <b>(Circle Size)</b>	
	Sink, Kitchen: 3-Compartment or 4-Compartment <b>(Circle One)</b>	
	Sink, Service or Bar: 1/2" or 3/4" <b>(Circle Size)</b>	
	Sink, Small Hand Wash	
	Spa or Hot Tub	
	Urinal: Trough or Wall/Stand <b>(Circle One)</b>	
	Urinal: Pedestal Flush Valve, Regular or Low Flow <b>(Circle One)</b>	
	Washing Machine: 1/2" or 3/4" or 1" <b>(Circle Size)</b>	
	Water Closet: Flush Valve, Regular or Low Flow <b>(Circle One)</b>	
	Water Closet: Tank Type	
	Irrigation: 3/4" or 1" <b>(Circle Size)</b>	
	Total Number of Zones	
	Gallons per minute of the largest zone	

Is there a well, cistern, reverse osmosis plant, or is this a water front property?  
 Yes       No      Specify which of the above: \_\_\_\_\_

List any water using fixtures not shown above or any comments : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: _____	Signature: _____
Mailing Address: _____	Service Address: _____
_____	_____

Submit this form to FCAA with Affidavit and Customer Contact Sheet.

