

**Health Department of Northwest Michigan  
Type II Non-Community Water Supply Program**

**Fixture Count Method – Peak Demand Worksheet**

Facility Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Total Fixtures:**

Please indicate the total number of the below listed fixtures that will be installed in your facility. These fixture values will be used to determine the peak demand for your facility and is needed in order to complete the permitting process for your water supply well.

Water closet (toilet) w/ tank	_____	Auto washing (hand spray)	_____
Water closet (toilet) w/ flush valve	_____	Tractor/equipment washing	_____
Urinal w/ tank	_____	Dental unit	_____
Urinal w/ flush valve	_____	Dental Lavatory	_____
Utility / Mop Sink	_____	Process water (GPM)	_____
Lavatory	_____	Auto dishwasher (GPM)	_____
Bathtub or tub/shower combo	_____	(NSF equipment/listing)	_____
Shower	_____	Lawn sprinkler (# of heads)	_____
Drinking fountain	_____	Hose bib or yard hydrant	_____
Water softener (regeneration)	_____	1/2" connection	_____
Kitchen sink	_____	5/8" connection	_____
Small (2 compartment or less)	_____	3/4" connection	_____
Large (3 compartment +)	_____	Washing machine	_____
Garbage disposal	_____	1/2" connection	_____
Domestic	_____	5/8" connection	_____
Commercial	_____	3/4" connection	_____
Spray rinse	_____	Laundry tray	_____
Ice machine	_____		
Ice cream machine	_____		
Ice cream dipper well	_____		
Glass filling unit	_____		
Hot chocolate unit	_____		
Coffee urn	_____		

**Additional Equipment:**

Please note below any additional water using equipment/fixtures not listed above, such as groundwater heat pumps, air conditioners, evaporative coolers etc. This equipment will vary with the size of the unit – consult manufacturer’s specifications to determine flow rate.

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