

**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	_____		
Lavatory	_____	Process water (GPM)	_____
Bath tub or tub/shower combo	_____	Auto dishwasher (GPM)	_____
Shower	_____	(NSF equipment/listing)	
Drinking fountain	_____	Lawn sprinkler (# of heads)	_____
Water softener (regeneration)	_____	Hose bib or yard hydrant	
Kitchen sink		1/2" connection	_____
Small (2 compartment or less)	_____	5/8" connection	_____
Large (3 compartment +)	_____	3/4" connection	_____
Garbage disposal			
Domestic	_____	Washing machine	
Commercial	_____	1/2" connection	_____
Spray rinse	_____	5/8" connection	_____
Ice machine	_____	3/4" connection	_____
Ice cream machine	_____	Laundry tray	_____
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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