

**CAROLINE COUNTY
BUILDING PREPLAN WORKSHEET**

ADDRESS: _____

BUSINESS NAME: _____

OCCUPANCY: _____

LENGTH: _____ **FT.** **WIDTH:** _____ **FT.** **HEIGHT:** _____ **FT.**

BASEMENT: _____ **FT.** **ATTIC:** _____ **FT.** **TOTAL SQUARE FOOTAGE:** _____ **FT.**

FLOW NEEDED (IOWA FORMULA) 100% _____ **GPM** **50%** _____ **GPM** **25%** _____ **GPM**

CONSTRUCTION TYPE: _____

BUILDING DESCRIPTION: _____

YEAR BUILDING WAS BUILT: _____

FIRE PROTECTION: _____

UTILITIES:
ELECTRIC: _____ **GAS:** _____ **WATER:** _____ **OTHER:** _____

HAZARDS: _____

WATER SUPPLIES:

1. _____

2. _____

3. _____

COMPLETED BY: _____

DATE: _____

**CAROLINE COUNTY
BUILDING PREPLAN WORKSHEET
WATER SOURCE WORKSHEET**

PRIMARY WATER SOURCE

LOCATION: _____

TYPE: ___ HYDRANT ___ POND/CREEK ___ POOL/CISTERN
 ___ DRY HYDRANT ___ PORTA-TANK/PORTABLE PUMPS

MOVEMENT: ___ HOSE LINE/RELAY DISTANCE-_____ FEET
 ___ APPARATUS SHUTTLE DISTANCE-_____ MILES

SHUTTLE ROUTE/RELAY POINTS: _____

ALTERNATE WATER SOURCE #1

LOCATION: _____

TYPE: ___ HYDRANT ___ POND/CREEK ___ POOL/CISTERN
 ___ DRY HYDRANT ___ PORTA-TANK/PORTABLE PUMPS

MOVEMENT: ___ HOSE LINE/RELAY DISTANCE-_____ FEET
 ___ APPARATUS SHUTTLE DISTANCE-_____ MILES

SHUTTLE ROUTE/RELAY POINTS: _____

ALTERNATE WATER SOURCE #2

LOCATION: _____

TYPE: ___ HYDRANT ___ POND/CREEK ___ POOL/CISTERN
 ___ DRY HYDRANT ___ PORTA-TANK/PORTABLE PUMPS

MOVEMENT: ___ HOSE LINE/RELAY DISTANCE-_____ FEET
 ___ APPARATUS SHUTTLE DISTANCE-_____ MILES

SHUTTLE ROUTE/RELAY POINTS: _____
