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|  | | | | | | | | | | | | | | | | | | | | Fecha Solicitud: | | | | | | | | | Fecha Factibilidad: | | | | | |
| **INFORME DE FACTIBILIDAD DE SERVICIO PARA CONEXIONES NUEVAS DE AGUA Y DESAGUE**  **(SEGÙN EL ARTÌCULO 17 DEL RCPSS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **1. DATOS DE LA EPS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE DE EPS: | | | | | EPS. EMUSAP ABANCAY S.A. | | | | | | | | | |  | | | | | RUC: | | | | | | 20115425651 | |  | | | | | | |
| Dirección: | | | | | AV. PRADO NORTE Nª 404 | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | | |  | | | | |  | |  | | | | | | |
| **2.DATOS DEL USUARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODIGO: | | | | | | | ${codigo} | | | | | | | | |  | | | | INSCRIPCIÒN: | | | | | | ${inscripcion} | | | | | | | |  |
| APELLIDOS Y NOMBRES: | | | | | | | ${nombre} | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| DNI (C.E., Nª PASS, RUC): | | | | | | | ${dni} | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| DIRECCION: | | | | | | | ${direccion} | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| URBANIZACIÒN: | | | | | | | ${urb} | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Nª CELULAR: | | | | | | | ${cel} | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| CORREO ELECTRÒNICO: | | | | | | | ${correo} | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| RESPONSIBLE DEL PREDIO | | | | | | | ${responsable} | | | | | | | | | | | | | (Propietario, Inquilino, Entidad Pública, Otros) | | | | | | | | | | | | | |  |
|  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| **3. DATOS DEL PREDIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. TIPO DE PROPIEDAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | |  | | | | | | |  | |  | | | | | | | | |
|  | | ${q} | | PARTICULAR O TERRENO INDEPENDIENTE | | | | | | | | | | | | |  | | | | | | | ${w} | | PUBLICO O TERRENO DEL ESTADO | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | |  | | | | | | |  | |  | | | | | | | | |
| B. TIPO DE CONSTRUCCION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | |  | | |  | | | | | | | | | |  | |  | | | | | | | | |
|  | | ${o1} | | VIVIENDA | | | | | | | ${o2} | | | EDIFICIO (3 pisos a más) | | | | | | | | | | ${o3} | | EDIFICIO ESTATAL | | | | | | | | |
|  | | ${o4} | | LOTE BALDIO | | | | | | | ${o5} | | | LOTE CERCADO | | | | | | | | | | ${o6} | | OTROS: | ${otros} | | | | | | | |
|  | |  | |  | | | | | | |  | | |  | | | | | | | | | |  | |  |  | | | | | | | |
| C. MATERIAL DE LA CONSTRUCCION: | | | | | | | | | ${material} | | | | | | | | | | D. NÙMERO DE PISOS: | | | | | | | | ${numPisos} | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| E. NÙMERO DE FAMILIAS: | | | | | | | | | ${numFamilias} | | | | | | | | | | F. NÙMERO DE HABITANTES: | | | | | | | | ${numHabitantes} | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| **4. ACTIVIDAD DE LA VIVIENDA Y UNIDADES DE USO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTIVIDAD: | | ${act} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TARIFA: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | | | | | |
|  | ${a1} | | SOCIAL | | | | | | | ${a2} | | | COMERCIAL | | | | | | | | | | | ${a3} | | ESTATAL | | | | | | | | |
|  | ${a4} | | DOMESTICO | | | | | | | ${a5} | | | INDUSTRIAL | | | | | | | | | | |  | |  | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | | | | | |
| UNIDADES DE USO: | | | | | | ${unidad} | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. SERVICIO SOLICITADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | | | | | |
|  | ${e1} | | AGUA Y DESAGUE | | | | | | | ${e2} | | | SOLO AGUA | | | | | | | | | | | ${e3} | | SOLO DESAGUE | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | | | | | |
| **6. FORMA DE PAGO DE LA CONEXIÓN DOMICILIARIA SOLICITADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
|  | ${i1} | | PAGO OBLIGATORIO DEL 100% | | | | | | | | | | | | | | | | | | | | | ${i2} | | APTO AL PAGO FRACCIONADO | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
|  | Explicar motivo: | | | | | | | ${motivo} | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. CUENTA CON SERVICIO DE ALCANTARRILLADO SANITARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | | | |  | |  | |  | | | | | |  | | |
|  | ${u1} | | SI, NUMERO DE CONEXIONES: | | | | | | | | | ${ud1} | | | | | | | | | |  | | ${u2} | | NO, TIPO DE ALCANTARRILLADO: | | | | | | ${ud2} | | |
|  |  | |  | | | | | | | | |  | | | | | | | | | |  | |  | |  | | | | | |  | | |
| **8. CUENTA CON TANQUE DE ALMACENAMIENTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | |  | | |  | |
|  | ${c1} | | TANQUE ALTO Y BAJO | | | | | | | ${c2} | | | SOLO TANQUE ALTO | | | | | | | | | | | ${c3} | | SOLO TANQUE BAJO | | | | ${c4} | | | NO CUENTA | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | |  | | |  | |
| **9.PERIODICIDAD DE FACTURACION Y FECHA DE VENCIMIENTO DE RECIBO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | |  | | | |
|  | ${p1} | | MENSUAL | | | | | | | ${p2} | | | OTROS: | | | | | ${otros1} | | | | | | | | | | | | |  | | | |
|  |  | |  | | | | | | |  | | |  | | | | |  | | | | | | | | | | | | |  | | | |
|  | FECHA DE VENCIMIENTO DE RECIBOS: | | | | | | | | | | | | | | | | | A LOS 15 DIAS DE CADA MES FACTURADO | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **10. PUNTO DE AGUA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | ${cp1} | | SI CUENTA | | | | | | | ${cp2} | | | NO CUENTA CON PUNTO DE AGUA | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **11. RESULTADO DEL ANALISIS DE FACTIBILIDAD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |
|  | ${r1} | | POSITIVO | | | | | | | ${r2} | | | NEGATIVO (Explicar motivo): | | | | | | | | | | | | ${motivo1} | | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | | | | | | | | | | | |  | | | | | | | | | |
| ATENDIDO DE MANERA: | | | | | | | PRESENCIAL ( ${am1} ) | | | | | | | |  | | | | | MEDIANTE TELEFONO ( ${am2} ) | | | | | | | | | | | | | | |
| FECHA / HORA: | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma:  Nombre:  **SUPERVISOR DE CONEXIÓN NUEVA** | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma:  Nombre: ${nombre}  DNI: ${dni}  **USUARIO** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OBSERVACION (del trabajador y/o el solicitante):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ${obs} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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