TUSCARAWAS COUNTY METROPOLITIAN SEWER DISTRICT WATER DEPARTMENT

Water Service Connection Permit Application

Applicant (Owner)			
Mailing Address (Street or P.O. Box)			
City		State:	Zip:
Telephone Number (Home)			(Mobile)
Combranton			Registere <u>d</u> :
Mailing Address (Street or P.O. Box)			
City		State:	Zip:
Telephone Number (Home)			
Physical Address of Building Be			
Village/Sub-division:			
In submitting this application for a water service connection, the applicant agrees to abide by the Rules and Regulations of the Tuscarawas County Metropolitan Sewer District in force at the time of this application and as amended from time to time.			
A non-refundable \$25.00 Application Processing Fee is due at the time the application is submitted:			
Application Processing Fee Received	d: Date	Received:	Ву:
For County Use Only			
Size of Applicants Connection:			mit Fee Calculation
Size of Applicants Meter: PSI at connection:		(Connection Fee
Low Pressure waiver required:			Sub-Total
Pressure reducing valve required Booster Pump Installed:			Processing Fee Credit -\$25.00
Total Water Service Connection Permit Fee			
Application for Service App			Date
	Title:		
Permit Fee Received:	Date Received:		Ву:
Tap location on main line			
Curb Stop / Meter Pit location at property line			
Curb Stop / Meter Pit distance from r	main line		Attach Sketch
Date of Installation	Installed by:		Acct. #
Inside plumbing inspected for cross c	connection Y/N	Passed Y/N I	MXU #
Date of meter installation —	Installed by:		Meter #

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Water Connection Log Please provide a sketch of your service line with measurements and land marks Date:

Curb Box: _____ Meter Pit: _____

Material: P. E. _____ Copper ____ Other ____

Size of Service Line:

Initials:

Form A-2