

APPLICATION FOR WATER TAP AND SANITARY SEWER SERVICE

PLEASE PRINT

Date

Name of Lot Owner

Lot

Block

Section

Street Address of Property

Name of Builder

Phone Number

Street Address

City

State

Zip

Installation to be performed by: _____

Plumber or Sub-Contractor

Phone Number

Certification #

Applicant to provide drawing of house layout and proposed location of water/sewer lines.

_____ **For District Use Only**

Date Application Rec'd: _____

Date to Ryder: _____ Date to City: _____

Connection Information:

Wye Location: _____

Stack Location: _____

Manhole Location: _____

Date of Inspection: 1st _____ 2nd _____ 3rd _____

Date Inspection Report Signed: _____

Approved by: _____

District Representative