



P.O. Box "J"
MANSON, WASHINGTON 98831
PHONE: (509) 687-3548
FAX: (509) 687-9884

SERVICE ID: _____

APPLICATION FOR DOMESTIC WATER HOOK-UP

NAME: _____

PARCEL#: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

TYPE OF SERVICE:

- RESIDENTIAL
- DUPLEX/TRIPLEX/MULTI
- COMMERCIAL BUILDING
- GARAGE/ADU
- OTHER: _____

PROPERTY ADDRESS: _____

WHAT DATE WOULD YOU LIKE THE METER SERVICE INSTALLED BY? _____

* IF A METER BOX IS NOT ALREADY PRESENT, PLEASE USE A STAKE LABELED "WATER" TO MARK YOUR DESIRED LOCATION AND ATTACH A PARCEL MAP TO THIS FORM SHOWING ITS LOCATION. LCRD REQUIRES **30 DAYS ADVANCE NOTICE** PRIOR TO SERVICE INSTALLATION.

CUSTOMER ACKNOWLEDGES AND AGREES TO THE FOLLOWING BY SIGNING THIS DOCUMENT:

1. THE CUSTOMER WILL HAVE THE BACKFLOW PREVENTION ASSEMBLY (DCVA) INSPECTED AND TESTED ANNUALLY AT YOUR OWN COST AS REQUIRED BY THE DEPARTMENT OF HEALTH WAC 246-290-490.
2. THE CUSTOMER HAS READ THE BROCHURE ON HOW TO PREVENT THERMAL EXPANSION AND ACKNOWLEDGES THAT LCRD RECOMMENDS THE INSTALLATION OF THERMAL EXPANSION TANK.
3. THE CUSTOMER UNDERSTANDS THAT INSULATING THE METER AND DCVA BOX DURING THE WINTER MONTHS IS YOUR RESPONSIBILITY. LCRD RECOMMENDS PLACING INSULATION IN A GARBAGE BAG, TO KEEP IT FROM GETTING WET, AND PLACING IT BELOW AND ABOVE THE DCVA IN EFFORT TO PREVENT IT FROM FREEZING.
4. PRESSURE: IN ORDER TO PROVIDE DOMESTIC WATER SERVICE TO ALL AREAS OF OUR DISTRICT, SOME SERVICES WILL HAVE HIGH WATER PRESSURE AND MAY NEED TO INSTALL A PRESSURE REDUCING VALVE (PRV) ON YOUR MAIN WATER LINE.

CUSTOMER SIGNATURE: _____

DATE: _____

NOTE: MONTHLY RATE SERVICE FEES WILL START 30 DAYS AFTER THE WATER METER IS INSTALLED REGARDLESS OF WHETHER YOU ARE PHYSICALLY USING THE WATER OR NOT. THE HOOK UP FEE WILL INCLUDE THE INSTALLATION OF A 3/4" METER, 3/4" DOUBLE CHECK VALVE ASSEMBLY AND A BLANK BALL VALVE WHICH IS THE CUSTOMER'S SHUT OFF VALVE.

HOOK UP FEE \$5,000 PER ERU
 LATECOMER FEE \$ _____
 TAP FEE \$1,000
 ROAD CROSSING FEE \$1,000
 MISC FEES: \$ _____
TOTAL AMOUNT DUE: \$ _____

AMOUNT PAID: _____

CHECK NUMBER: _____

DATE PAID: _____

RECEIVED BY: _____

LAKE CHELAN RECLAMATION DISTRICT

HOOK UP COMPLETED ON: _____

HOOK UP BY: _____

METER MAKE: _____

BACKFLOW SERIAL NUMBER: _____

METER SERIAL: _____

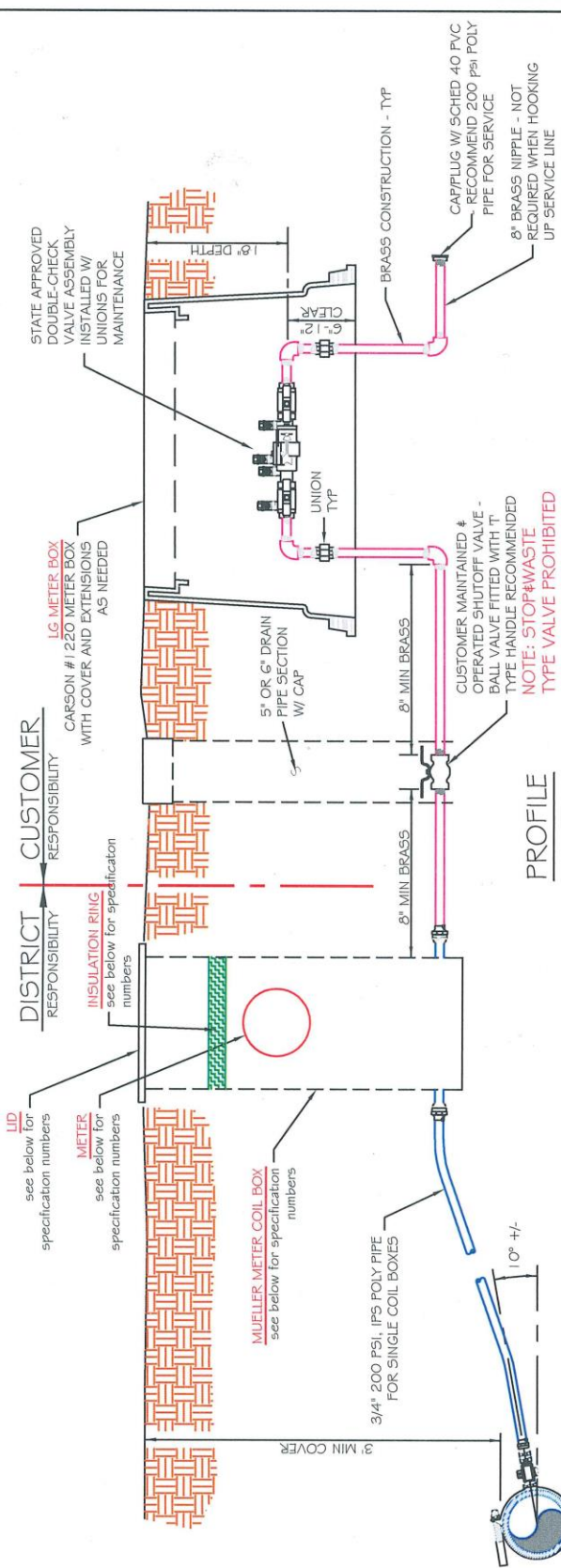
BACKFLOW MAKE/MODEL: _____

DIALS: _____ STARTING READ: _____

BACKFLOW SIZE: _____

CHLORINE RESIDUAL TEST RESULT: _____ MG/L

IS THE DEVICE LEAD FREE? _____



(DO NOT COVER UNTIL DICTRICT INSPECTS)

CUSTOMER INITIAL: _____

COIL BOX/METER SPECIFICATIONS:

SINGLE 3/4" METER INSTALLATION:
 METER - 3/4" x 3/4" Badger Recordall Nutating Disc Flowmeter, LL Bronze External Thread Body, Noryl Chamber, Plastic Thrust Roller, Bronze Bottom, Meter Mounted Low Temp Register, No Connections, NSF 61, Cubic Feet Reader
 COIL BOX - Mueller No. 250 C5 15 36 L5B5N
 LID - Mueller No. 790007
 INSULATION RING - Mueller No. 790022

SINGLE 1" METER INSTALLATION:

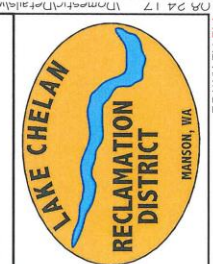
METER - 1" Badger Recordall Nutating Disc Flowmeter, LL Bronze External Thread Body, Noryl Chamber, Plastic Thrust Roller, Bronze Bottom, Meter Mounted Low Temp Register, No Connections, NSF 61, Cubic Feet Reader
 COIL BOX - Mueller No. 330 C5 18 36 L5B5N
 LID - Mueller No. 790018
 INSULATION RING - Mueller No. 790153

NOTES:
 ALL DOMESTIC DEVICES AND FITTINGS MUST BE LEAD FREE.

MATERIAL SUBSTITUTIONS OR DETERMINATION OF EQUAL ARE AT THE SOLE DISCRETION OF LAKE CHELAN RECLAMATION DISTRICT.

SERVICE LINE TO BE 90° OFF MAIN LINE.
 MAGNETIC TAPE TO BE BURIED OVER SERVICE LINE FOR LOCATION.

TITLE	
DOMESTIC WATER SERVICE w/ backflow	
STANDARD DOMESTIC DETAIL SHEET	DWG SCALE NO SCALE
20A OF SET	



DRAWN BY: RJA