



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: _____

TYPE OF SERVICE:

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

PHONE NUMBER: _____

E-MAIL: _____

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: _____

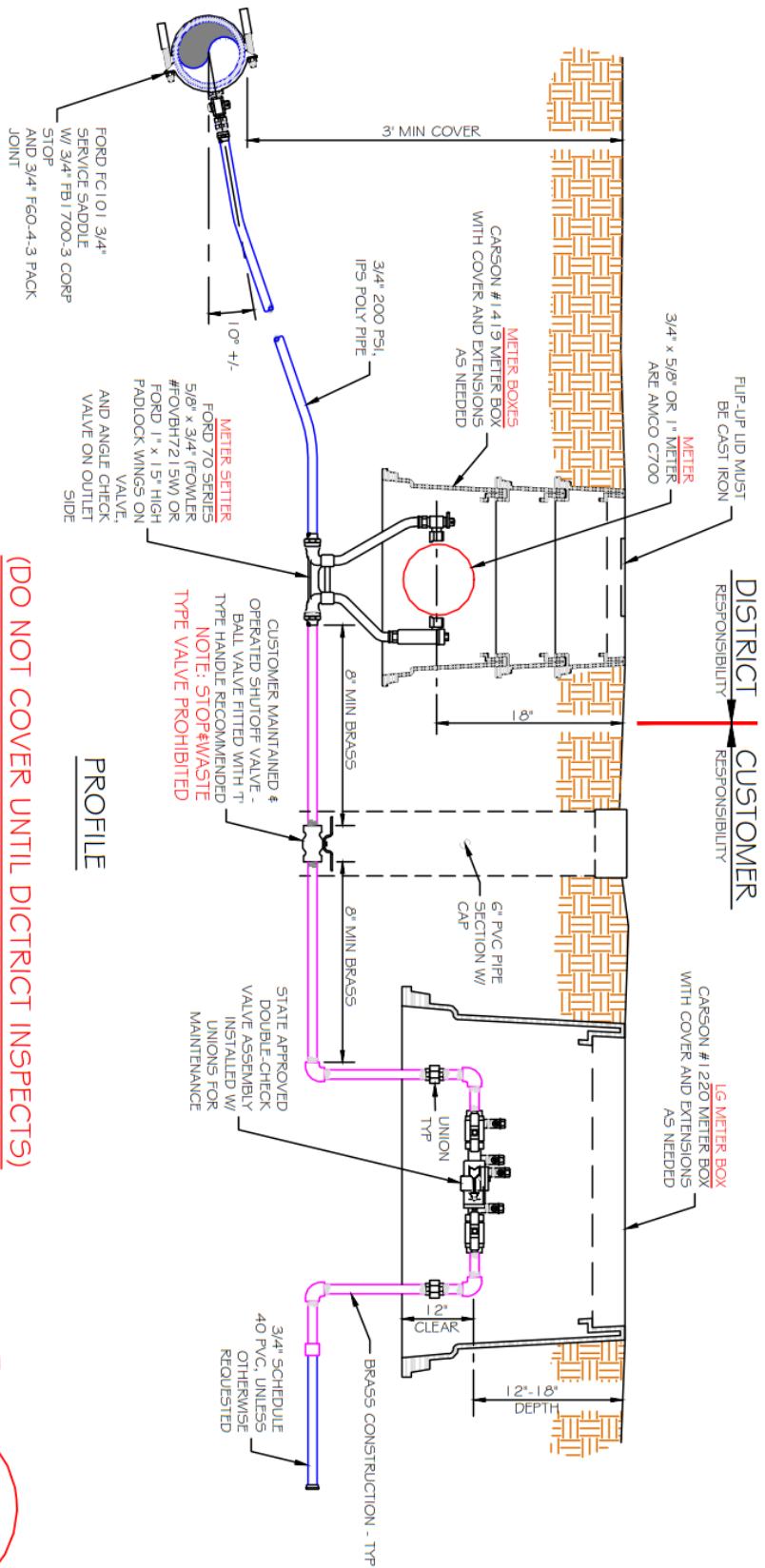
NOTE: MONTHLY RATE SERVICE FEES WILL START 30 DAYS AFTER THE WATER METER IS INSTALLED REGARDLESS OF WHETHER YOU ARE PHYSICALLY USING THE WATER OR NOT. THE HOOK UP FEE WILL INCLUDE THE INSTALLATION OF A 3/4" METER, 3/4" DOUBLE CHECK VALVE ASSEMBLY AND A CUSTOMER SHUT OFF VALVE.

HOOK UP FEE \$4,900.00 PER ERU
LATECOMER FEE \$ _____
TAP FEE \$750.00
ROAD CROSSING FEE \$750.00
MISC: \$ _____
TOTAL AMOUNT DUE: \$ _____

TOTAL AMOUNT PAID: _____
CHECK NUMBER: _____
DATE PAID: _____
RECEIVED BY: _____
LAKE CHELAN RECLAMATION DISTRICT

HOOK UP COMPLETED ON: _____
METER MAKE: _____
METER SERIAL: _____
DIALS: _____ STARTING READ: _____
CHLORINE RESIDUAL TEST RESULT: _____ MG/L

HOOK UP BY: _____
BACKFLOW SERIAL NUMBER: _____
BACKFLOW MAKE/MODEL: _____
BACKFLOW SIZE: _____
IS THE DEVICE LEAD FREE? _____



(DO NOT COVER UNTIL DISTRICT INSPECTS)

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.

CUSTOMER INITIAL: _____

ROAD-GRADE METER BOXES TO BE USED IN TRAFFIC AREAS IN PLACE OF CARSON SERIES 1419. USE BROOKS CONCRETE METER BOX (#BR37B), CONCRETE LID (#BR37TOP), AND TRAFFIC COVER (#BR37C), OR EQUAL.
 MAGNETIC TAPE TO BE BURIED OVER SERVICE LINE FOR LOCATION.

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|------------------------------------|-----------|--|
| TITLE | | |
| DOMESTIC WATER SERVICE w/ backflow | | |
| SHEET | DWG SCALE | |
| 20A OF SET | NO SCALE | |

DRAWN BY RJA