



PROPERTY ADDRESS: _____

NAME: _____

APPLICATION FOR WATER SERVICE

Owner Name: _____ Account # _____ SEQ # _____

Property Address: _____ City: _____ State: _____ Phone: _____

Billing Address if different than above: _____

Tap Size: _____ Meter Size: _____ Amount Paid: _____ Credit Card or Check # _____

Remarks: _____

The undersigned, hereby applies for water service to be installed at the above location and agrees to pay the cost thereof, including overhead and inspection fees, in accordance with the rates now in effect.

It is agreed that meters will remain the property of the Lake Township Water Department and the applicant will be responsible for care and assume any damage costs while on the premises owned or occupied by him. The applicant further agrees to promptly pay for all water delivered or services rendered at rates established by ordinance and to obey the rules and regulations of the Department. Charges unpaid beyond the due date shall have a penalty of 10% added thereto.

SIGNATURE OF APPLICANT: _____

DATE: _____

LOCATION APPROVAL OF METER PIT / TAP

1. Depth of service line shall have a minimum cover of 5 feet (Water Ordinance 73-1: 4.8)
2. Approved service line material: Copper, SCH80 PVC, cross linked polyethylene PEX plastic pipe and tubing (Water Ordinance 73-1: 4.2)
3. Service line shall be inspected by Water Dept. Personnel prior to backfill (Water Ordinance 73-1: 4.8)
4. All cross connections without approved backflow preventor between any type of water supply and municipal supply are strictly prohibited (Water Ordinance 73-1: 5.7)
Cross connection example: lawn irrigation, yard hydrant, boiler
5. Location of meter pit to be agreed upon by Applicant and Water Dept prior to installation
6. Normal excavation season for water taps is March 1 – November 30. December – February water taps are installed on emergency basis only
7. For complete list of rules and regulations see the Lake Charter Twp. Water Ordinance #73-1 revised 1999

DATE: _____

DATE: _____

APPLICANT OR APPLICANT REPRESENTATIVE
SIGNATURE

WATER DEPARTMENT REPRESENTATIVE
SIGNATURE

AREA BELOW TO BE FILLED OUT BY THE WATER DEPARTMENT

Tap Installation Date _____ **Contractor** _____ **Tap Size** _____

Material _____ **Inspected** ____ **Yes** ____ **No** ____ **Inspected By** _____

Pit/Curb Location: _____

Meter Installation Date: _____ **Size:** _____ **Make:** _____ **Serial #** _____

Original Meter: _____ **Replacement Meter:** _____

O.R. Location: _____

O.R. # _____

SERVICE LINE INFORMATION, IF KNOWN:

Date Installed: _____ **Contractor:** _____

Size: _____ **Material:** _____ **Location:** _____

Additional Comments: _____
