For Town of Louisville Water Supply to install water meter and turn on water

TAP APPLICATION SHEET

DATE: _____ APPLICATION #: _____

1. Excavator's Name, Address & Telephone: _____
   _____
   _____
   _____
   _____
   (contractor must list the Town of Louisville as additional insured on general liability insurance and submit proof of such coverage to Town of Louisville & Water Superintendent)

2. Owner's Name, Mailing Address & Telephone:
   _____
   _____
   _____
   _____
   _____

(a) Actual Tap Location:
_____ 911 Address
_____ Tax Map# (Attach copy of tax map)

(b) Other Location Description:
_____
_____
_____
_____
_____

(c) Name of Development/Subdivision (if applicable)
Lot # _____

(d) Mailing Address for Water Bills:
_____
_____
_____
_____

3. Type of Service: (**Circle One**) (a) Domestic (b) Commercial
   (c) Industrial (d) Fire or (e) Combined

4. Type of Building: (a) Single Family (b) Other - Specify type of business:

_____

_____

_____

_____

5. Cross-Connection Control Device Required? (**To be completed by Town**)
   a.Degree of Hazard Determination
      i. None _____
      ii. Is a certified NYSDOH Device Required? (If **yes** select one)
         1. Aesthetic _____ (Double Check Valve)
         2. Hazardous _____ (RPZ Required)

6. Required Permits/Approvals Issued? (**To be completed by Town**)
   a. Yes____ No____ N/A____
   b. Highway _____
   c. Plumbing _____
   d. Building Permit _____
   e. Subdivision Approval
      i. Yes ____ if yes Date: _____ Drawings on File? _____
      ii. No ____

7. Town Water District: (**To be completed by Town**)
   a. East Louisville _____ District
   b. Other _____ (outside district user)

8. Tap Specifications (**To be completed by Town**)
   a. Estimated Pressure _____ PSI
   b. Is pressure regulator recommended? Yes_____ No_____
   c.Main Size _____ inch
   d. Pipe Material _____
   e. Tap & Service Size _____
   f. Meter Size _____ Serial # _____ Village Meter # _____
   g. Meter Pit _____
   h. Remote Read _____
   i. Estimated water use _____ gallons/month
   j. Tapped by: _____ Date: _____
   k. Field Ties Description and Obtained by (Sketch/Schematic attached):
   l. Date service turned on: _____

9. Is there existing water service? Yes _____ No _____
   a. From Main? _____. If so, must be killed at main.
   b. From private source? _____. If so, must be discontinued.
   Approved By: _____
   Date: _____

(Town of Louisville)

Town of Louisville - Water Tap Sketch/Schematic

M:\99-138 Louisville Water\Water Service Form\[Louisville Water Tap House Sketch.xls]H. Survey

Please Sketch Tap and Service Connection information here.

House

Name?

Address?

Phone?

Driveway?

Road Name _____

Print Street & House # : _____ ?

Please provide Data for installation of new water tap & curb stop.

Things one could sketch: Property Lines, Trees of Concern, observed utilities, garages, sidewalks,driveways,field ties, etc

Notes: _____

Town of Lousville
14810 SH 37
Massena, NY 13662
Ph. (315)769-0457

SERVICE LATERAL EASEMENT

OWNER: _____

ADDRESS: _____ _____

_____

_____

TELEPHONE: Home: _____

Work/Cell: _____

Email: _____

Best time to contact owner: _____

This agreement was made on the ___ day of _____, 20___, between the Town of Louisville and Water District and the owner of the property, _____.
As the owner of the property, I, the undersigned, do hereby authorize contractors working for the Town of Louisville and/or the Water District to travel and/or perform work on my property including but not limited to equipment, materials, and personnel for the purposes of ingress and egress for the construction and maintenance of service lateral. Said property will be returned to a condition equal to that prior to the work.

Signature of Property Owner: _____

Date: _____

ONE COPY TO PROPERTY OWNER AND ONE COPY TO WATER DEPARTMENT