

AQUA APPLICATION FOR COMMERCIAL / INDUSTRIAL WASTEWATER SERVICE LINE

A. Applicant:

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____
() Builder () Owner () Plumber () Other

B. Location of Proposed Service:

Address: _____
City, State, Zip: _____
Municipality: _____
County: _____

For developments, attach a separate page with street addresses and lot numbers.

C. Customer Billing Address:

If blank, applicant will be billed.

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

D. Status of service: (check all that apply)

() New () Temporary
() Increase in Size () Relocation

E. Type of Occupancy: (check all that apply)

() Residential () Commercial
() Industrial () Public () Other
If not residential, describe nature of business:

F. Number of Units for Multi-Family Properties: _____

G. Requested Size of Service: () 1" () 1.5" () 2" () 4" () 6" () 8" () 10"

H. Type of service requested: () Gravity () Low Pressure Pump

I. Anticipated Usage: _____ gpd

J. Grinder pump manufacturer for low pressure pump lateral: _____

K. Expected Date of first discharge of sewage flows: _____

L. Is or Will Public Water Service be installed at the property? () Yes () No

- If yes, who is water supplier: _____

Subject to the Rules and Regulations of the Company, I hereby apply for service at the property and location described herein. I hereby certify that the plumbing system connected in accordance with all applicable federal, state, and local laws, ordinances, and plumbing codes.

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THE COMPANY LOCATED AT:

<https://www.aquawater.com/about/states-we-serve/pennsylvania/index.php>

Aqua requires that all customer service connections to Aqua service stubs, including those used for construction sites, be witnessed by an Aqua Representative. No service shall be connected without Aqua's approval.

K. Applicant Signature: _____ Date: _____

This application is valid for one (1) year from date approved.

***** **FOR COMPANY USE ONLY** *****

Serial No. _____ Tap Size _____ Tapped on _____ in. pipe
Ext. No. _____ Plan No. _____ Plate No. _____
Required items: Grinder Pump () Yes () No Grease Trap () Yes () No
Pretreatment () Yes () No

Company Representative _____ Date _____

Expiry Date of Application: _____