



Utility Billing (Finance): 419-433-5000
Water Filtration: 419-433-5000 x1801
Water Distribution: 419-433-5000 x1802

WATER SERVICE CONNECTION (SERVICE TAP) APPLICATION

For City of Huron Use Only:

Application Received: _____ Push Required: YES NO
Contractor Name: _____ Required Fee: _____
Date of Tap Completion: _____ Date Fee Paid: _____

1. SELECT TYPE OF APPLICATION YOU ARE APPLYING FOR (CHECK ONE):

_____ SINGLE FAMILY / DUPLEX RESIDENTIAL _____ MULTI-FAMILY / RESIDENTIAL
_____ NON-SEWER DISCHARGE CONNECTION _____ COMMERCIAL / INDUSTRIAL

2. APPLICANT'S NAME AND MAILING ADDRESS:

APPLICANT NAME: _____
APPLICANT'S MAILING ADDRESS: _____
CITY, STATE, ZIP CODE: _____
CONTACT TELEPHONE: _____ CONTACT EMAIL: _____

3. PROPERTY OWNER'S NAME AND ADDRESS (IF DIFFERENT FROM STEP 2):

OWNER'S NAME: _____
OWNER'S ADDRESS: _____
CITY, STATE, ZIP CODE: _____
CONTACT TELEPHONE: _____ CONTACT EMAIL: _____

4. ADDRESS WHERE WATER SERVICE CONNECTION WILL BE INSTALLED:

HOUSE NUMBER AND STREET NAME: _____
LOT NUMBER (IF ASSIGNED): _____
PARCEL NUMBER (IF ASSIGNED): _____

5. SELECT DESIRED WATER TAP SIZE (CHECK ONE):

_____ 3/4" TAP - INCLUDES STD 5/8" x 3/4" METER, APPROXIMATELY 20 GPM

_____ 3/4" TAP - INCLUDES FULL 3/4" x 3/4" METER, APPROXIMATELY 30 GPM

_____ 1" TAP - INCLUDES (2) 5/8" x 3/4" METERS (ONE FOR IRRIGATION), APPROX. 20 GPM

_____ 1" TAP - INCLUDES 1" METER, APPROXIMATELY 50 GPM

_____ 1" TAP - INCLUDES (1) 1" METER & (1) 5/8" x 3/4" (IRRIGATION) APPROX 50 & 20 GPM

_____ 1.5" TAP - INCLUDES 1.5" METER, APPROXIMATELY 100 GPM

_____ 2" TAP - INCLUDES 2" METER, APPROXIMATELY 160 GPM

_____ OVER 2" - ENTER DESIRED TAP SIZE: _____

6. COMPLETE STEP 6 ONLY IF APPLYING FOR SINGLE FAMILY / DUPLEX RESIDENTIAL SERVICE:

TYPE OF PREMISES (CHECK ONE):

_____ SINGLE FAMILY RESIDENCE

_____ DUPLEX RESIDENCE

_____ CONDOMINIUM (INDIVIDUALLY OWNED UNIT)

WILL THE PREMISES FOR THIS TYPE BE UTILIZED FOR AN UNDERGROUND IRRIGATION SYSTEM:

_____ YES

_____ NO

IF YES, YOUR REGISTERED CONTRACTOR WILL BE REQUIRED TO INSTALL AN ASSE 1020 PRESSURE VACUUM BREAKER. THIS DEVICE WILL REQUIRE ANNUAL CERTIFICATION.

ARE THE PREMISES TO BE SERVED BY THIS TAP PRESENTLY SUPPLIED FROM A WELL OR CISTERN:

_____ YES

_____ NO

IF YES, PLEASE EXPLAIN FUTURE STATUS OF WELL OR CISTERN:

_____ TO BE ABANDONED

_____ USED FOR NON-POTABLE PURPOSES

_____ OTHER (PLEASE EXPLAIN): _____

7. COMPLETE STEP 7 ONLY IF APPLYING FOR MULTI-FAMILY / RESIDENTIAL SERVICE:

TYPE OF PREMISES TO BE CONNECTED TO WATER MAIN (CHECK ONE)

_____ MULTI-FAMILY RESIDENCES (APARTMENTS)

IF MULTI-FAMILY RESIDENCE SELECTED PROVIDE NUMBER OF UNITS: _____

_____ CONDOMINIUM MULTI-LEVEL UNITS

IF CONDOMINIUM MULTI-LEVEL SELECTED PROVIDE NUMBER OF UNITS: _____

WILL THE BUILDING(S) REQUIRE A SYSTEM FOR FIRE PROTECTION:

_____ YES

_____ NO

IF YES, WHAT SIZE FIRE LINE WILL BE REQUIRED: _____

8. COMPLETE STEP 8 ONLY IF APPLYING FOR COMMERCIAL / INDUSTRIAL WATER SERVICE:

TYPE OF PREMISES TO BE CONNECTED TO WATER MAIN (ex. SCHOOL, MEDICAL, CAR WASH):

_____ NUMBER OF RESIDENTS (IF APPLICABLE)

_____ NUMBER OF EMPLOYEES

_____ NUMBER OF UNITS (IF HOTEL OR NURSING HOME)

WILL THE BUILDING(S) REQUIRE A SYSTEM FOR FIRE PROTECTION:

_____ YES

_____ NO

IF YES, WHAT SIZE FIRE LINE WILL BE REQUIRED: _____

ENGINEER'S ESTIMATED DAILY WATER USE (GPD): _____

YOUR REGISTERED CONTRACTOR WILL BE REQUIRED TO INSTALL AN OHIO EPA APPROVED BACKFLOW PREVENTION AND CROSS CONNECTION CONTROL DEVICE.

9. IF APPLYING FOR A NON-SEWER DISCHARGE SERVICE (IRRIGATION)

*ALL IRRIGATION SYSTEM MUST HAVE AN ASSE 1020 PRESSURE VACUUM BREAKER

*ALL YARD HYDRANTS MUST BE ASSE 1057 SANITARY YARD HYDRANTS

10. CONTRACTOR INFORMATION:

COMPANY TITLE: _____

COMPANY CONTACT PERSON: _____

CONTACT TELEPHONE: _____

11. LOT SKETCH AND MATERIAL INFORMATION:

TYPE OF SERVICE LINE: _____ COPPER _____ PLASTIC

INTERNAL PLUMBING: _____ COPPER _____ PLASTIC

LEAD-FREE SOLDER (FOR COPPER PIPE): _____ YES _____ NO

IN THE BOX BELOW PLEASE PROVIDE A ROUGH SKETCH OF THE PROPERTY. SHOW THE FOLLOWING ITEMS:

- PROPOSED BUILDING(S) LOCATION
- DRIVEWAYS AND / OR SIDEWALKS
- SEWER SERVICE LINE LOCATION (MUST BE 10' FROM WATER)
- OTHER UTILITY RUNS ON THE PROPERTY

SKETCH:

