



**WATER SERVICE CONNECTION (SERVICE TAP) APPLICATION FOR:**  
SINGLE - FAMILY / DUPLEX RESIDENTIAL  
MULTI - FAMILY / RESIDENTIAL  
COMMERCIAL & INDUSTRIAL  
NON - SEWER DISCHARGE CONNECTION (IRRIGATION)

Prior to connecting a water service to a City of Huron water main, a new customer needs to apply for a water service tap and provide payment in full for such tap. The following steps should be taken to apply for water service:

1. There must be a water main owned by the City of Huron available for public use at the service address.
2. All relevant questions on the water service connection application must be completed.
3. The contractor installing the water service line must be identified.
4. Submit the application via mail, fax, email, or in person to:

Drop off or mail: Huron City Hall  
417 Main St.  
Huron, OH 44839

Via fax: 419-433-4732  
Via Email: [jgibboney@cityofhuron.org](mailto:jgibboney@cityofhuron.org)

5. The application will be reviewed and you will be contacted with the total invoice cost within ten (10) working days from the receipt of the application.
6. Call the City of Huron water distribution foreman to schedule the tap (there could be up to a 4 week waiting period) after the service line has been extended from the structure to the right of way.

|   |                                      |
|---|--------------------------------------|
| FOR QUESTIONS PLEASE CONTACT:   |                                      |
| City of Huron Finance Dept. - Billing, Account Questions, Work Orders, Repair Orders, Start Service, Stop Service, Change of Account Owner. | Mon-Fri 8am to 4pm 419-433-5000      |
| City of Huron Filtration Plant - Water Quality Data, Water Service Connection Application Questions, Backflow Program Questions.            | Mon-Fri 6am to 2pm 419-433-5000 x240 |
| City of Huron Distribution Foreman - Scheduling a Service Tap, Hydrant Flushing Information, Pressure or Flow Questions.                    | Mon-Fri 7am to 3pm 419-433-5000 x293 |



Utility Billing (Finance): 419-433-5000  
Water Filtration: 419-433-5000 x240  
Water Distribution: 419-433-5000 x293

## 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:

