



# HIGHRIDGE WATER AUTHORITY APPLICATION FOR SERVICE

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ACCT#: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

DESCRIPTION OF HOUSE: \_\_\_\_\_

TAX MAP # \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**TYPE OF SERVICE REQUESTED:**      NEW TAP      METER SET      SUCCESSION      TURN ON

METER # \_\_\_\_\_ REM # / ERM # / RADIO # \_\_\_\_\_

READING \_\_\_\_\_

APPLICABLE FEES **PAID OR BILLABLE:**      **AMOUNT**      **CHECK#**      **RECEIPT #**      **DATE**

TENANT DEPOSIT      \$ 125.00

TURN-ON FEE      \$ 25.00

CUSTOMER FACILITIES FEE      \$ 250.00

TAP-IN FEE 3/4" service      \$1850.00

x	OTHER INFORMATION:
	INITIAL READING SCHEDULED:      DATE:      TIME:
	COPY OF DEED OR SALES AGREEMENT (OWNER)
	COPY OF PHOTO IDENTIFICATION (TENANT)
	OWNER/TENANT CARD
	COPY OF RATE SCHEDULE / SPECIFICATIONS GIVEN TO CUSTOMER
	PREVIOUS OCCUPANT BALANCE DUE =
	CURRENT OCCUPIED NOTIFIED OF PREVIOUS BALANCE / LIEN / OTHER

General: \_\_\_\_\_ addrKey \_\_\_\_\_ BSet \_\_\_\_\_ / / \_\_\_\_\_ Aset \_\_\_\_\_ div \_\_\_\_\_ reg \_\_\_\_\_ pg \_\_\_\_\_ Melnf \_\_\_\_\_



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Water customers must adhere to Pennsylvania Department of Environmental Protection's Safe Water Drinking Act that insists all water services install proper backflow prevention devices in the customer's plumbing system.

The following requirements are included in the policy:

- 1) Residential customers shall install a dual check valve (ASSE approved # 1024)
- 2) Commercial and industrial customers shall install either:
  - a) Reduced Pressure Assemblies (RPZ) - ASSE approved #1013 or
  - b) Double Check Valve Assembly (DCVA) - ASSE approved #1015 as determined by HWA

**\*ASSE - American Society of Sanitary Engineering\***
- 3) Devices and assemblies shall be installed according to manufacturer's guidelines;
- 4) All customers must have hose bibb vacuum breakers (ASSE 1011) installed:
- 5) RPZ's and DCV assemblies shall be tested annually by a certified backflow contractor and results furnished to HWA.

I HEREBY MAKE APPLICATION TO HIGHRIDGE WATER AUTHORITY FOR WATER SERVICE AT THE ABOVE ADDRESS UNTIL RECEIPT OF FORMAL NOTICE FROM ME REQUESTING DISCONTINUANCE OF SUCH SERVICE. I AGREE TO PAY EACH PERIOD AT THE RATES AUTHORIZED AND ABIDE BY THE RULES AND REGULATIONS WHICH HAVE BEEN OR MAY HEREAFTER BE APPROVED. I CONFIRM THAT I HAVE RECEIVED A COPY OF THE CURRENT SPECIFICATIONS AND REGULATIONS PAMPHLET.

**X** \_\_\_\_\_ OWNER/TENANT

OFFICE USE ONLY: INIT: \_\_\_\_\_ NEW TAP CONTRACTOR: \_\_\_\_\_