

**Montgomery County
Water Services**

1850 Spaulding Road
Kettering, OH 45432-3732

**APPLICATION
FOR
SINGLE FAMILY
RESIDENTIAL HOUSE
SERVICE LINE PERMIT**

(937) 781-2500 Fax (937) 781-2686

Edition Date: Feb. 12, 2009

Application is hereby made for a service line permit as described in this "App..." form and attached drawings, work shall be installed in accordance with MCWS's Rules and Regulations, Specifications, other applicable agencies' Rules and Regulations, and the *Ohio Plumbing Code*.

Submission by: Contractor (Plumber/Excavator) Homeowner

1. Plat Name & Lot Number _____ 3. Owner's Name _____

2. Street Address _____ 4. Owner's Address _____
(If different then #2) _____

5. To determine the applicable Connection Fees (Indirect and Direct), please provide the following: (1) Domestic Meter Size _____, (2) "Irrigation Meter" Size _____, and (3) Lot Front Footage _____.

6. Water Supply: Public Private Well (Will a well remain in service after the public water service is installed? Yes ___ No ___)
If a well remains in service, the public water service requires a reduced pressure zone backflow preventer at the service entrance to the house per Ohio EPA requirements for auxiliary water at a residential property. A physical separation shall be maintained between the public water system and the auxiliary water system.

7. Sewer drain will empty or empties to: Public Sewer Private Septic System (Permit # _____)

8. Is the foundation installed? Yes No Not Applicable

9. Type of service line work you are applying for: New Addition Repair Abandonment

For items 10 through 14, check box to left if applicable to the specific portion of the work that you are installing and complete data as necessary.

10. WATER SERVICE Main Line Size _____

Outside Meter Pit(s) Inside Meter Set(s) – only if existing domestic meter is inside

A. Service Line (from [curb stop/service valve]/[main] to [meter pit]/[inside meter]): Diameter _____ Length _____

Existing Stub New Tap

B. Domestic Service/Meter: Line Size _____ Meter Size _____ (If 1 1/2" meter or larger, provide flow data in gpm)

Average Flow Range _____ Maximum Water Supply Fixture Unit Value (in gpm) _____

C. "Irrigation Meter" Service/Meter: Line Size _____ Meter Size _____ (If 1 1/2" meter or larger, provide flow data in gpm)

Normal Minimum Flow _____ Average Flow Range _____ Maximum Probable Flow _____

D. Other (i.e. rebuild meter pit, replace service line, etc.; please specify): _____

Check Box to left if a Street-Cut Permit is needed for water service work (Note: The Street-Cut Permit is obtained from the City, Township, County Engineer, or ODOT; whichever has jurisdiction of the right-of-way, not from the MCWS)

11. "CONTAINMENT" BACKFLOW PREVENTION DEVICES (BFD) – (Note: Contractor must be approved for installation and testing of backflow prevention devices to receive permit)

A. Domestic BFD: Size _____ Manufacturer and Model # _____

B. "Irrigation Meter" BFD: Size _____ Manufacturer and Model # _____

12. SANITARY SEWER SERVICE Lateral Size _____ Main Line Size _____

(Mark box to left of connection type that will be used)

A. Existing Stub on Main

B. Tap into Main (Note: lateral cannot be larger than half the size of the main)

C. Cut-In Manufactured Wye/Tee into Main

D. Core into Existing or New Manhole (Requires special permission from MCWS - must form flow channel for the lateral in the base of the manhole; inside drops are **not** permitted)

Check Box to left if a Street-Cut Permit is needed for sanitary service work (Note: The Street-Cut Permit is obtained from the City, Township, County Engineer, or ODOT; whichever has jurisdiction of the right-of-way, not from the MCWS)

13. OTHER WATER/SEWER LINE WORK (i.e. New or relocate public fire hydrant, manhole adjustment, etc., please specify)

14. ABANDONMENT OF SERVICES

A. Water Service _____

B. Sanitary Service _____

15. COMPANY'S/HOMEOWNER'S NAME: _____ Date: _____

(Must be the Contractor or Homeowner who will obtain the permit and complete the work)

A. Company's/Homeowner's Address _____

B. Company's/Homeowner's Phone Number _____

C. Printed Name of Authorized Company Representative or Homeowner _____

By way of signature, I acknowledge and certify the following statements: (1) I have received the latest edition of the MCWS residential meter pit detail, (2) I understand that a dual check valve (ASSE 1024) backflow preventer is required on the outlet side of the domestic meter yoke, which makes the service a "closed" system, (3) The *Ohio Plumbing Code*, Section 608.3.2, "Backflow prevention device or check valve" requires that "Where a backflow prevention device, check valve, or other device is installed on a water supply system utilizing storage water heating equipment such that thermal expansion causes an increase in pressure, a device for controlling pressure shall be installed," and (4) I shall inform the homeowner and/or appropriate party(ies) that a thermal expansion device (i.e. expansion tank) must be installed in accordance with the *Ohio Plumbing Code*.

D. Signature of Authorized Company Representative or Homeowner _____

FOR MCWS USE ONLY

16. Reviewed by _____ Date _____

Approved

Rejected

Additional Data Required

17. Inspections by _____

18. Water Indirect Connection Fees Paid Yes No Not Applicable

19. Sanitary Sewer Indirect Connection Fees Paid Yes No Not Applicable

20. "Irrigation Meter" Indirect Connection Fees Paid Yes No Not Applicable

21. Protection/Direct Connection Fees Paid Yes No Not Applicable

22. Permit Issued by _____ Date _____