TOWN OF LANCASTER

REQUISITION FOR WATER/SEWER SERVICE

☐ WATER  ☐ SEWER  ☐ BOTH

Owner: ________________________________________________

Address: ________________________________________________

Town or City: ____________________________  State: ________  Zip Code: ________

Street Location: ____________________________  Tax Map: ________  Lots: ________

Permanent or Temporary: ____________________________

Purpose: ____________________________ (Residential, Commercial, Industrial, or Agricultural as defined in the zoning ordinance). Residential applies only to single and duplex units.

If Commercial or Industrial provide a detailed report of proposed usage, peak times, fixture units, and if a sprinkler system is proposed.

Expected average day use: _________ (Single family home use 275 gpd)

Expected peak use: ________________ (Single family home use 10 gpd)

Submit a drawing of the proposed service entrance, building location and property lines, known utilities, sewer, etc.

Service, meter, and backflow preventer size and type will be determined by the Distribution/Collection Supervisor in conformance with the Lancaster Water Use Regulations.

The applicant agrees to install a water meter, backflow preventer, and appurtenances at their expense. Meter, backflow preventer, and appurtenances shall be purchased through the Lancaster Water Department at the customer’s expense. An as built drawing shall be submitted to the Town prior to the activation of the service. No unauthorized person shall operate any valves or curb stops without the express written permission of the Town of Lancaster. The applicant agrees to conform to all conditions of the Town of Lancaster Water Use Regulations.

Sewer connections must conform to all guidelines of the Town of Lancaster Sewer Ordinance.

All water and sewer connections must be overseen by the Distribution/Collection Supervisor.

Owner Signature: ____________________________ Date: ________________

Applicant Signature: ____________________________ Date: ________________

Distribution/Collection Supervisor Signature: ____________________________ Date: ________

Date Received and Initial

For Office Use Only – Rev. 5/6/03