

**CITY OF DURAND
DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR
WATER AND/OR SEWER TAP**

Date: _____

C.R.F. Receipt #: _____
Inspection Fee Paid Yes No

Address of Property: _____

Property ID # _____

Owner Name & Address _____

Phone Number _____

Utility Requested: Water Sewer Both

Size _____ Size _____

Note: Sewer only customers must have water meter installed on well

Contractor's License #

MESC License #

Worker's Comp. #

Signature of Owner or Agent

Approved by Date

**LOCATIONS REPORT MUST BE COMPLETED AND RETURNED PRIOR TO
OBTAINING WATER METER**

**CITY OF DURAND
WATER AND/OR SEWER TAP
LOCATIONS REPORT**

(This form must be completed and returned prior to obtaining water meter)

Service Address: _____

Date: _____

Water Service Location:

The _____ water service lead enters the premises on the _____ side of the building
(size) (N,S,E,W)
and is _____ feet, _____ inches from the _____ corner of the building and is
(N/E, S/W, etc.)
_____ feet, _____ inches deep.
(Minimum of 6 feet)

Curb Stop is located _____ feet, _____ inches from the _____ line of building
(N,S,E,W)
and is _____ feet, _____ inches from the _____ line of the street and is
(must be within 6 inches of property line)
_____ feet, _____ inches from the water main.

Tap Inspected by _____

Date _____

Sewer Service Location:

The _____ sewer service lead exits the premises on the _____ side of the building
(size) (N,S,E,W)
and is _____ feet, _____ inches from the _____ corner of the building and is
(N/E, S/W, etc.)
_____ feet, _____ inches deep.

The sewer lead is connected to the sewer main _____ feet, _____ inches from the center
line of the manhole, located at _____ Street
and _____ Street.

Tap Inspected by _____

Date _____

Report submitted by: _____

Date _____