SOUTH SANGAMON WATER COMMISSION
Post Office Box 83, New Berlin IL 62670-0083
www.sswc.us

business office: 217-381-5359
water plant: 217-381-2206

NEW RESIDENTIAL WATER TAP APPLICATION

The undersigned hereby makes application for water service from the South Sangamon Water Commission in accordance with the terms and rates of the Commission, and agrees to pay the monthly minimum amount as soon as water is available at the meter.

New Service Tap Fees: The tap fee for a new residential service tap shall be equal to the Cost Estimate for such tap as prepared by or generated by the Commission or its duly authorized representative plus an additional charge of two percent (2%) of such Cost Estimate , which includes all charges for material and labor to tap the Commission's main and set the water meter, but which does not include the cost of boring under a public road if necessary, which shall be an additional charge to the customer. The Commission, or persons or entities under contract with the Commission, shall make all taps and shall install all meters and equipment upstream of meters.

Once the water service is installed and the grade is changed or damage occurs to the water service or the water line, a charge for labor and material to adjust the service or repair the damage may be charged.

The Commission is installing dual check valves on all new water services as a means to protect the public water system from anything that could backflow into our mains from your plumbing. As water is heated in your water heater, it expands. You <u>must</u> provide for the thermal expansion. <u>You may need to consult a licensed plumber</u> regarding this and any other questions prior to requesting installation.

Full Payment must accompany this application before a water service can be installed.

I HEREBY REQUEST A 1" WATER SERVICE BE INSTALLED AT:

Service Address____
Street City State Zip Code

Mailing Address____
Street City State Zip Code

Phone: Home________________________________ Work________________________________

Print Name__________________________________ Signature______________________________________

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For Water Commission Office Use:
Date Payment Received:____
Date Meter Service Completed:____
Meter Reading & Serial Number:____