

RESIDENTIAL BUILDING WATER TAP APPLICATION

The un	dersigned,	being the owner or owner's agent of the property
located	l at (Street Address)	
Subdiv	rision:	LotBlock,
TMS#	<u> </u>	does hereby request a permit to install
and co	nnect a building water tap to s	serve the said location.
	FILL IN	THE APPROPRIATE INFORMATION
		Residential Units
Single	Family Detached: Dwelling Units	Other: (Specify)
Condo	minium: No. Units No. Bedrooms Per Unit	_
Mobile	e Home Unit: No. of Bedrooms	<u> </u>
Name a	and address of person perforn	ning the proposed work:
II	N CONSIDERATION OF T	HE GRANTING OF THIS PERMIT, THE UNDERSIGNED AGREES:
1.		rovisions of Chapter #7 of the Berkeley County Code of Ordinances, linances or regulations that may be adopted in the future.
2.	To notify the Authority 24 h	ours prior to a requested meter set.
3.		dwelling unit must pay a separate water impact tap fee, have a eparate water account., and that I will not provide water to another h my meter service.
4.	Additional construction fee Water Connection Fee \$	for the tap (if applicable) is \$
		Fees are subject to change.

5.	The following information addresses the issue of customers currently receiving their water from a well. Once BCWS installs our water meter at your residence, your existing well must be disconnected from your water service line immediately in accordance with the International Plumbing Code, Section 608.6.1. You must schedule an inspection with us to verify that your well has been disconnected within 24 hours of our equipment being installed. This requirement is necessary in order to protect our water supply from possible contaminants and ensure we are providing our customers with the highest quality of water possible. You may continue to use your well for other purposes; However it cannot be tied into the water service that connects your house to our water meter. If at any time in the future we determine you have reconnected your well, BCWS will immediately remove our water service from your address. A \$100.00 reconnection fee will be required to have service restored to your address.

Your signature on this document ensures that you understand and agree to the requirements concerning this issue and all other information on this document.

Mailing Address:		
SSN:	Phone No.:	
Email Address:		
Signed:	Date:	