

OTTAWA COUNTY SANITARY ENGINEERING
315 Madison Street, Room #105
Port Clinton, Ohio 43452
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**APPLICATION FOR PERMIT
PUBLIC WATER SERVICE LINE
CONNECTION or REPAIR**

APPLICATION MUST BE FULLY COMPLETED, SIGNED, AND ALL FEES/CHARGES PAID BEFORE A PERMIT CAN BE ISSUED.

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____, OHIO
STREET NUMBER/NAME CITY ZIP

BILLING ADDRESS: _____
STREET/NUMBER/NAME CITY STATE ZIP

TELEPHONE NUMBERS: () _____ or () _____

TOWNSHIP: _____ PARCEL I.D. #: _____

SUBDIVISION or SECTION/LOT: _____ LOT #(s): _____

THE INSTALLATION OR REPAIR WILL BE DONE BY: PROPERTY OWNER or IMMEDIATE RELATIVE _____
LICENSED CONTRACTOR/PLUMBER _____
- NAME OF CONTRACTOR: _____

CONNECTION OR REPAIR INFORMATION:

NEW CONSTRUCTION (installation of a new service line or lateral for a new structure) _____

CONVERTING FROM PRIVATE WELL OR CISTERN TO PUBLIC WATER SUPPLY SYSTEM: _____

RE-ESTABLISHING AN EXISTING SERVICE THAT HAD BEEN DISCONTINUED (BILLING STOPPED): _____

REPAIR/REPLACE EXISTING SERVICE LINE (or parts thereof) OR WATER METER PIT: _____

REPAIR DESCRIPTION: _____

INITIAL BILLING INFORMATION:

BILLING SHALL BEGIN ON THE DATE THE WATER IS TURNED-ON. ONCE THE WATER IS TURNED-ON, THERE WILL BE A MONTHLY MINIMUM CHARGE EVEN IF NO WATER PASSES THROUGH THE METER.

WHEN DO YOU WANT YOUR WATER SERVICE ESTABLISHED (TURNED-ON)?

_____ I WANT MY WATER TURNED-ON AT THE TIME OF FINAL INSPECTION OF MY SERVICE LINE.

_____ I DO NOT WANT MY WATER TURNED ON AT THE TIME OF FINAL INSPECTION. IT WILL BE MY RESPONSIBILITY TO NOTIFY THE SANITARY ENGINEERING DEPARTMENT WHEN I WANT THE WATER TURNED ON TO MY PROPERTY TO ESTABLISH SERVICE AND MONTHLY BILLING.

(ONLY O.C.S.E. EMPLOYEES ARE PERMITTED TO TURN-ON OR TURN-OFF THE WATER SERVICE IN THE COUNTY METER PIT)

TYPE OF STRUCTURE(S) TO RECEIVE (or is receiving) WATER FROM THE PUBLIC WATER SUPPLY SYSTEM:

_____ SINGLE FAMILY DWELLING

_____ MULTI-FAMILY DWELLING; PLEASE LIST HOW MANY UNITS ARE IN THE STRUCTURE: _____

_____ INDUSTRIAL BUSINESS (MUST BE REVIEWED AND APPROVED BY SANITARY ENG. PRIOR TO PERMIT ISSUANCE)

_____ COMMERCIAL BUSINESS (RPZ backflow preventer required) - NAME OF BUSINESS: _____

PLEASE DESCRIBE TYPE OF BUSINESS AND CAPACITY (e.g. 48 seat ordinary restaurant, retail establishment w/12 employees,...)

BACKFLOW PREVENTION:

§3745-95 OF THE OHIO ADMINISTRATIVE CODE REQUIRES PROTECTION OF THE PUBLIC WATER SYSTEM FROM CONTAMINATION VIA BACKFLOW THROUGH SERVICE LINES.

CROSS CONNECTIONS BETWEEN THE PUBLIC WATER SYSTEM AND A PRIVATE WATER SOURCE ARE PROHIBITED. THE AUXILIARY SYSTEM(S), IF NOT PROPERLY ABANDONED, SHALL BE PHYSICALLY SEPARATED FROM THE SERVICE LINE AND AN APPROVED BACKFLOW PREVENTION DEVICE IS REQUIRED. THE COUNTY HEALTH DEPARTMENT ALSO HAS MINIMUM STANDARDS TO MAINTAIN PRIVATE WATER SOURCES. SEE www.co.ottawa.oh.us/sanitaryengineer/backflowreq.htm FOR MORE INFORMATION.

WILL A FIRE SUPPRESSION SYSTEM OR BOOSTER PUMP BE CONNECTED TO THE PUBLIC WATER SUPPLY? _____
 (IF YES, A COPY OF THE PLANS/SPECS. MUST BE SUBMITTED TO THIS OFFICE PRIOR TO ISSUANCE OF A PERMIT)
 WILL HEAT EXCHANGE EQUIPMENT SUCH AS GEOTHERMAL, SOLAR HEAT, OR BOILERS WITH MAKE-UP LINES BE ON THE PROPERTY? _____
 WILL AN IRRIGATION SYSTEM BE CONNECTED TO THE PUBLIC WATER SUPPLY SYSTEM? _____
 WILL DOCK/WATERFRONT PLUMBING BE CONNECTED TO THE PUBLIC WATER SUPPLY SYSTEM? _____
 WILL A PRIVATE WATER SOURCE (E.G. CISTERN, WELL, PUMPED LAKE WATER, ETC.) BE USED? _____
 WILL A YARD HYDRANT BE IN USE ON THE PROPERTY? _____

***START UP WILL NOT OCCUR IF BACKFLOW PREVENTERS ARE NOT INSTALLED WHERE REQUIRED.**

WATER SERVICE LINE INFORMATION:

_____ WILL BE LOCATED ENTIRELY ON THE PROPERTY REFERENCED ON THIS APPLICATION.
 _____ WILL PARTIALLY BE LOCATED ON A NEIGHBORING PROPERTY (RECORDED EASEMENT ATTACHED)

<u>TAP SIZE AND SERVICE LINE DIAMETER:</u>	<u>TYPE OF SERVICE LATERAL MATERIAL (private portion):</u>
_____ 3/4" (minimum) _____ 2"	_____ TYPE "K" COPPER (3/4" - 2")
_____ 1" _____ 3"	_____ POLYETHYLENE TUBING (C901 SDR 9) 3/4" - 2"
_____ 1 1/2"	_____ PVC SDR 21 (ASTM D2241 for 3", ASTM D2729 for 2")
CIRCLE APPLICABLE SIZE:	_____ PVC (AWWA C909/C901 DR 18 150) 4" - 12" ONLY
_____ 4" 6" 8"	

DOMESTIC WATER METER SIZE NEEDED (NOTE: THE MONTHLY MINIMUM IS BASED UPON METER SIZE):
 _____ 5/8" (standard single family dwelling size) _____ 1 1/2" _____ 3" COMPOUND or TURBO
 _____ 1" _____ 2" COMPOUND or TURBO _____ " COMPOUND or TURBO

THE PROPERTY OWNER SHALL BE RESPONSIBLE FOR THE PROPER INSTALLATION, IN ACCORDANCE WITH THE WATER RULES AND REGULATIONS, OF SAID WATER SERVICE LINE. AUTHORITY FOR THE ENFORCEMENT OF THE WATER RULES AND REGULATIONS IS GIVEN UNDER SECTION 6103.02 OF THE OHIO REVISED CODE.

NO WORK SHALL BEGIN UNTIL A PERMIT HAS BEEN ISSUED. OWNER SHALL OBTAIN RIGHT-OF-WAY PERMIT/ WRITTEN PERMISSION FROM COUNTY ENGINEER FOR WORK IN TOWNSHIP OR COUNTY ROADS, ODOT FOR STATE ROUTES, OR PRIVATE ENTITY/OWNER(S) FOR PRIVATE ROADS/EASEMENTS. 24-HOUR NOTICE SHALL BE GIVEN TO THE COUNTY BY THE PERMIT HOLDER PRIOR TO BEGINNING CONSTRUCTION. ALL WORK SHALL BE INSPECTED BY THE COUNTY PRIOR TO BACKFILLING. PROPERTY OWNER SHALL MAINTAIN TRENCHES IN ACCORDANCE WITH OSHA RULES.

MAKE CHECKS PAYABLE TO: "OTTAWA COUNTY SANITARY ENGINEERING" ("O.C.S.E.")

I, AS LEGAL PROPERTY OWNER OF SAID PROPERTY, HEREBY UNDERSTAND AND AGREE TO COMPLY WITH THE WATER RULES AND REGULATIONS GOVERNING THE INSTALLATION/REPAIR OF SERVICE LINES AND USE OF THE PUBLIC WATER SYSTEM. I, MY HEIRS AND ASSIGNS, ALSO HEREBY CONVEY AUTHORIZATION FOR COUNTY PERSONNEL TO ACCESS THE WATER METER PIT ON THIS PROPERTY FOR PURPOSES OF READING THE METER OR FOR OPERATIONS AND MAINTENANCE OF THE METER PIT. I ALSO ACKNOWLEDGE RECEIVING A COPY OF THE WATER SUMMARIZED RULES AND REGULATIONS.

_____	_____
DATE	PROPERTY OWNER'S SIGNATURE (and title if applicable)
FOR OFFICE USE ONLY:	
REGIONAL WATER: _____ S.R. 163/53: _____ DANI-DONN III: _____ PERRYVIEW: _____	
TWP: DANBURY _____ CATAWBA _____ PORTAGE _____ BAY _____ ERIE _____ SALEM _____ HARRIS _____	
PERMIT FEE: \$ _____	CHECK NO.: _____
INSPECTION FEE: \$ _____	RECEIPT NO.: _____
CONNECTION FEE: \$ _____	CASH AMT.: _____
FRONT FT. CONN. CHG: \$ _____	M.O. #: _____
EQUAL. CAP. CHARGE: \$ _____	DATE _____
METER COST: \$ _____	RECEIVED: _____
CONNECTION CHG DEF (\$125/EDU): \$ _____	COUNTY _____
SUBTOTAL: \$ _____	OFFICIAL: _____
TOTAL PAID: \$ _____	BACKFLOW PREVENTER: _____
TOTAL DUE: \$ _____	TOTAL EDU's: _____