

Mailing Address
PO Box 90
Bethel, Ohio 45106

Location
2599 State Route 232
New Richmond, Ohio 45157

Tate Monroe Water Assn., Inc.
Water Availability Application And
Cross Connection Questionnaire
(Residential)

Owner(s) (Please print as it appears on deed) Deed holder 1: _____

Deed holder 2: _____

Phone: _____ General Contractor (If applicable): _____

Submitted By: _____ Township: _____

Parcel #: _____ Lot: _____ Subdivision Name (If applicable); _____

Project Address: _____ Street _____ City _____ Ohio, _____ Zip

Distance and direction of nearest intersecting road. _____ (ft) (Circle One) N E S W NE NW SE SW

Building/Complex Description:

_____ Single Family _____ Multiple Family _____ No. Family Units _____ No. of Stories

Maximum Flow Requirements: _____ Gallons Per Minute (GPM)

Circle Yes or No:

Residential Lawn Sprinkling System	Yes	No	
In Home Sprinkler System	Yes	No	
Boiler Heat	Yes	No	
Self Draining Hydrants, Fountains, Hose Boxes	Yes	No	
Dishwasher	Yes	No	
Swimming Pool:	Yes	No	If Yes, Fill Method _____
Whirlpool or Jacuzzi Bath	Yes	No	If Yes, Fill Method _____

Auxiliary Water Storage:

Type and capacity in gallons: _____ Gravity Tank _____ Pressure Tank _____ Reservoir _____ Gallons

Will it be filled with Tate Monroe Water Yes No

The undersigned owner of this building or agent of the owner hereby certifies that the information and statements given on the application, drawings and specifications are, to the best of his/her knowledge, true and correct and acknowledges that action taken on this application does not constitute approve for sizing, metering and /or cross connection control or for other additional/different requirements of Tate Monroe Water's Rules and Regulations.

Signature of Applicant: _____ Company: _____ Date: _____

Signature of Applicant: _____ Company: _____ Date: _____

Office Use Only:

Water is Available _____ Yes _____ No

_____ Water is available contingent on following conditions: _____

Permit Type _____ State _____ County

_____ Elevation

_____ Bill for additional service line . Total Length (_____) - 70= _____ feet x \$ _____ per foot = \$ _____.

_____ Residential sprinkler system - Minimum usage based on one inch meter. Actual meter size _____.

Employee Signature: _____ Date: _____