# City of Marion
## Water – Sewer Connection Application

**APPLICANT INFORMATION:**

Date:_____

Name:_____

Address:_____  _____  _____  _____
<div align="center">City                          State                Zip Code</div>

Telephone: (Home)_____ (Work)_____ (Cell)_____

**Physical Property Address for Service Connection: (***If Same As Above – Write Same***)**

_____

**SERVICE INFORMATION:**        ☐ Inside City Limits        ☐ Outside City Limits

**Type of Service**:   (Check service needed)

1.     ☐ Water Only              ☐ Sewer Only              ☐ Water & Sewer

2.     ☐ New Service     ☐ Relocation of Existing Service

3.     ☐ Single Family Residence  ☐ Apartment Complex  ☐ Housing Development
       ☐ Mobile Home Park        ☐ Landscape/Sprinkler   ☐ Fire Protection/Sprinkler
       ☐ Other (specify)_____

***Please Note:*** *If this application is for water service to anything other than a single family residence, a Cross Connection Control Questionnaire must be completed and submitted along with this application.  Applications requiring a completed Cross Connection Control Questionnaire will not be processed until the completed Cross Connection Control Questionnaire has been received.*

**Water Meter / Line Size** *(Check One)*:

   ☐ ¾-inch          ☐ 1-inch          ☐ 1 ½ -inch          ☐ 2-inch          ☐ 3-inch
   ☐ 4-inch          ☐ 6-inch          Other (specify):_____
Specify Number of Meters Needed: _____

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***PLEASE NOTE: THE CITY WILL MAKE THE WATER AND/OR SEWER CONNECTION AT THE PROPERTY LINE – IT IS THE OWNER'S RESPONSIBILITY TO INSTALL THE SERVICE LINES ON THE PROPERTY AND TO CONNECT TO THE STRUCTURE.***
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**IN ORDER FOR THIS APPLICATION TO BE PROCESSED, A DETAILED DESCRIPTION OR ACCURATE DRAWING MUST BE PROVIDED BY THE APPLICANT.**  The attached graph paper should be used for the drawing.  Please include the service address, street name(s), and adjacent property information such as house numbers.  When necessary to properly process the application, the Public Works Director may require the submittal of project specific engineered drawings and/or detailed specs.

Application Received By:_____ Date Received: _____

## TO BE COMPLETED BY THE CITY OF MARION PUBLIC WORKS DIRECTOR

Date Received by Public Works Director: _____

### SERVICE INFORMATION:

1. ☐ Water Service is **not** available to property

2. ☐ Water Service is available to property:    ☐ New Service    ☐ Change of Service
Specify Number of Meters Needed: _____    Size of Meter: _____

### CROSS CONNECTION CONTROL INFORMATION:

1. ☐ This facility or service <u>does</u> <u>not</u> require the installation of a Backflow Prevention Assembly (BPA).

2. ☐ This facility or service requires the installation of a Backflow Prevention Assembly (BPA).

Type of BPA required _____ Size _____

All BPA's shall be installed in compliance with the specifications contained in the most recently adopted Cross Connection Control Ordinance of the City of Marion. Ownership, installation, testing, and maintenance of the backflow prevention assembly shall be the responsibility of the Consumer.

All BPA installations shall be inspected by the City of Marion Public Works Department prior to initiation of water service. Water service will not be initiated by the City of Marion until the installation of the BPA has been approved.

Date and time of inspection: _____/_____

Inspection conducted by (Name & Title): _____

At the time of inspection, the above referenced BPA appeared to be installed in compliance with the specifications contained in the most recently adopted Cross Connection Control Ordinance of the City of Marion.

_____    _____
              Signature                                    Date

The Consumer shall have the BPA tested by a Certified BPA Tester that has been approved by the City of Marion, immediately following installation. The test results shall be submitted to the City of Marion Public Works Department, on forms approved by the Public Works Department, within thirty (30) days following the date the assembly was tested.

**CHARGES:**

1. Water Connection Fee: _____

2. Sewer Connection Fee: _____

3. Change of Service:
   Required by City: _____

   Requested by Owner: _____

4. Other:_____ _____

**TOTAL CHARGES:** _____

Date Completed: _____ Completed By: _____

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**TO BE COMPLETED BY PUBLIC WORKS ADMINISTRATION**

Applicant Notified By: ☐ Mail  ☐ Phone  ☐ In Person  ☐ Other

Date Notified: _____ Notified By: _____

**Forward application to Utility Department immediately after notification to applicant**

Date sent to Utility Department _____

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**TO BE COMPLETED BY UTILITY CLERK**

Date Application Received: _____ By: _____

Date Fees Paid: _____ Amount Paid: _____ Collected By: _____

Date Work Order Issued : _____ By: _____

## Vicinity Map:

1. Show name, physical address and phone number.
2. Show house/business structure location in relation to road and driveway.
3. Show and label other streets / cross streets as a reference.
4. Indicate approximate location for water meter placement (ie: *X* feet right of driveway, *Y* feet left of pole).

Meters will be placed at or near the requested location along the road right-of-way. However, conflicts (above and below ground) may cause meter location to shift slightly. Meters must be placed 5 feet minimum from any property line.
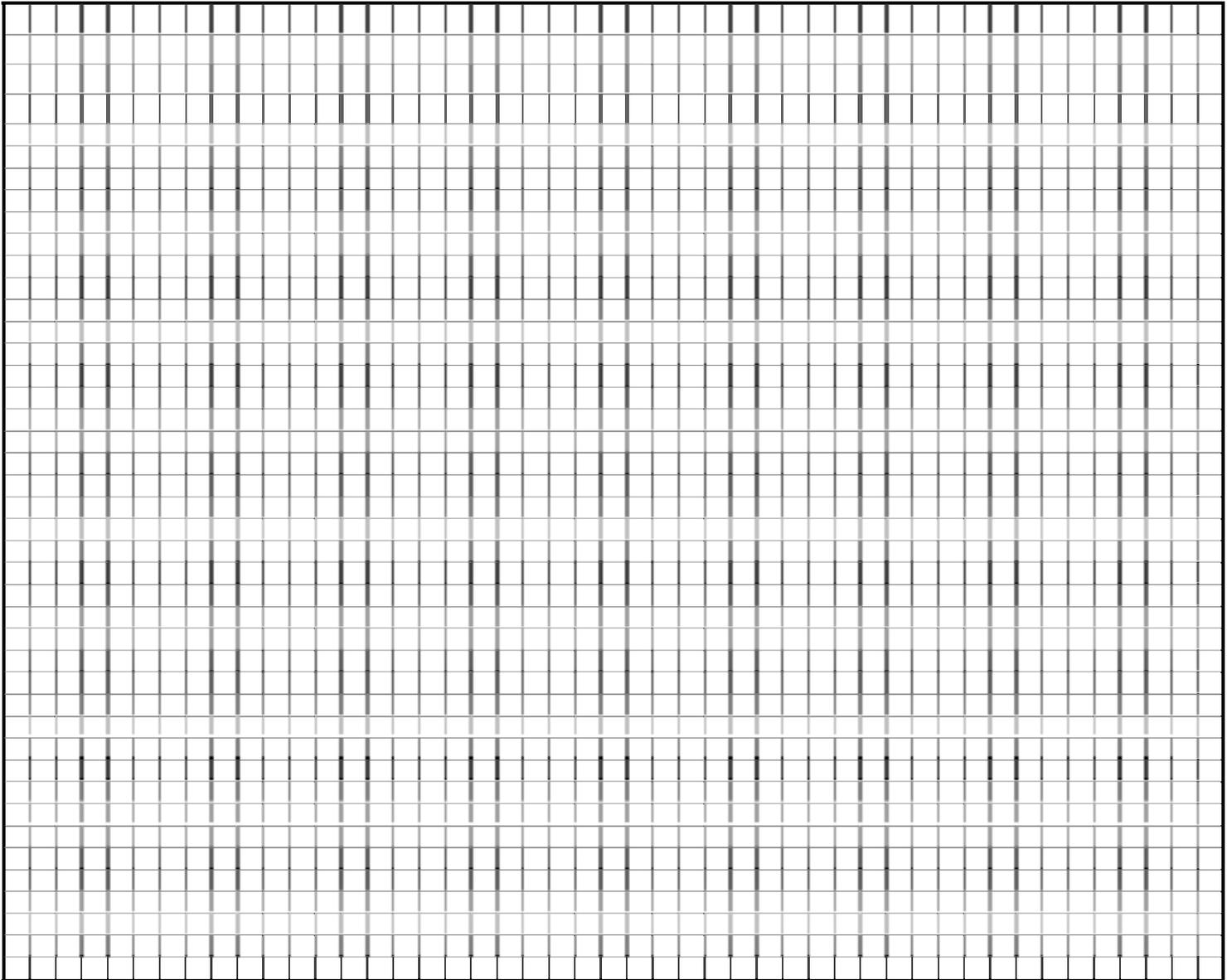
# CITY OF MARION
## CROSS CONNECTION CONTROL QUESTIONNAIRE

**To be completed with all non-residential, commercial, industrial, and/or irrigation water service applications.  The Public Works Director may require the submittal of project specific plans and/or detailed specs, in addition to this questionnaire, prior to processing the application for water service.**

Date: _____

Applicant Name: _____

Physical address for service connection:

_____

Applicant Phone Number: _____(home or work) _____(cell)

**Facility and Service Information:**

**Check all that apply.  The facility or service for which water service is being requested is a:**

| | | |
|---|---|---|
| ☐ Automotive Vehicle Dealership | ☐ Service Station/Garage | ☐ Restaurant |
| ☐ Bakery | ☐ Hotel, Motel, B&B, Lodge | ☐ Grocery Store |
| ☐ Convenience Store | ☐ Barber Shop/Hair Salon/Spa | ☐ Hardware Store |
| ☐ Farm & Garden Store | ☐ Superstore | ☐ Hospital |
| ☐ Medical Clinic | ☐ Dental Clinic | ☐ Funeral Home |
| ☐ Metal Plating Facility | ☐ Cannery | ☐ Dairy Facility |
| ☐ Lawn Care Company | ☐ Exterminator Facility | ☐ Battery Manufacturer |
| ☐ Chemical Processing Plant | ☐ Film Laboratory | ☐ Car Wash |
| ☐ Dye Works | ☐ Laundry Facility | ☐ Swimming Pool |
| ☐ Veterinary Clinic | ☐ Beverage Bottling Plant | ☐ Lawn Sprinkler |
| ☐ Fire sprinkler system | Other _____ | |
| ☐ Building consisting of 5 or more stories | | |

**Check all that apply.  Water from this service will be used for:**

| | | |
|---|---|---|
| ☐ Cooking/drinking | ☐ Boilers | ☐ Chillers |
| ☐ Cooling towers | ☐ Running equipment | ☐ Filling tanks/vessels |
| ☐ Cleaning/Wash-down water | ☐ Providing vacuum (ejectors) | ☐ Fire sprinkler system |

Other _____

If the service is for a **FIRE SPRINKLER SYSTEM**, please answer all of the following questions:

Will your fire sprinkler system contain/use antifreeze, foaming agents, or any other chemicals? ☐ Yes  ☐ No
Will it have a fire department connection for emergency pressure boost? ☐ Yes     ☐ No
Will it use a booster pump or jockey pump?     ☐ Yes     ☐ No
Is your service used to supply private fire hydrants or a wall mounted fire hose cabinet only?  ☐ Yes ☐ No

**Signature Of Applicant:**
I hereby certify that all of the above information is complete and correct.  I further acknowledge that incomplete or incorrect information may result in an additional or different requirement regarding the installation of a backflow prevention assembly at my water service connection.

_____        _____
Signature                                                                      Date