

OAKLAND COUNTY WATER RESOURCES COMMISSIONER

ONE PUBLIC WORKS DRIVE, WATERFORD, MICHIGAN 48328

PHONE (248) 858-1110 / (888) 350-0900 / FAX (248) 858-1066

WRC Web Address - http://www.oakgov.com/drain/permit_license/wat_sewer.html**PROPERTY DESCRIPTION****CUSTOMER INFORMATION**

Municipality _____

No. _____ Street _____

Customer's Name _____

Lot No. _____ Sidwell No. _____

Customer's Address _____

Subdivision _____

Customer's City and Zip Code _____

Service Required: Line Size _____ Meter Size _____

Customer's Telephone Number _____

Service Line Location: _____ Ft. from left side / right side (circle one) of House / Bldg. Foundation.

Check box(es) if applicable: _____

☐

Line In

☐

Line Staked

Type of pipe: _____

(For Orchard Lake only)

Plumber's Name _____

Plumber's Telephone Number _____

Backflow Prevention Information: (Please check all that apply)☐

Boiler

☐

Lawn Sprinkler

☐

Swimming Pool

☐

Non-Applicable

Type of Structure:

☐

New

☐

Existing

☐

Residential

☐

Non-Residential

Corner Lot:

☐

Yes

☐

No

NOTE: If your lot is a corner lot, the water tap will be made to the water main that does not require crossing the road.

Existing Well:

☐

Yes

☐

No

NOTE: If yes, WRC to provide the MDEQ "Plugging Abandoned Wells" brochure & forward copy of the Water Connection Permit to the Oakland County Health Department**COMPUTATION OF CHARGES**

Water Connection Permit	\$
Capital Charge _____ Units X _____/Unit	
Detecto	
Other	
Total	\$

BILLS WILL BE MAILED TO THE SERVICE ADDRESS UNLESS OTHERWISE REQUESTED.

I have read and understand the Water Service Connection Regulations (Document DC-304) and agree to abide by them. In addition, I have received the MDEQ "Plugging Abandoned Wells" brochure if applicable.

Signature of Customer or Customer's Agent _____ Date: _____