



P.O. Box J
Manson, Washington 98831
Phone: (509) 687-3548
TDD/TTY: (800) 833-6388

APPLICATION FOR DOMESTIC WATER HOOK-UP

Date: _____

NAME: _____

Parcel #: _____

MAILING ADDRESS: _____

Type of Service:

R.V.

Mobile/Manufactured Home

On-site Residential

Duplex/Triplex

Commercial Construction

PHONE: _____ / _____

Home

Office or Cell

Location hook-up wanted. If meter box has not already been placed, please **mark desired location with stake.**

Include **physical address:** _____

Diagram of lot showing desired location of turnout at property line (a map may also be attached showing location).

Date Needed: _____

(30 Day Notice)

Signed: _____

Customer

NOTE: Monthly service fees will be charged starting 60, 90, 150 days after payment of connection fee or at the time the water meter is installed or the house is occupied, whichever is first.

Full Rate _____

3/4 Rate until using water on _____

Hook-up fee \$4,200.00 per ERU

Amount Paid: _____

Latecomer fee \$ _____ per ERU

Tap fee \$ _____

Date Paid: _____

Total \$ _____

Received By: _____

Lake Chelan Reclamation District

Hook-up completed on _____

By: _____

As-built

Meter Serial #: _____

Beginning Read: _____

GPS Meter

Chlorine Residual Tested By: _____

Chlorine Residual Test Result: _____ MG/L