

HANOVER WATER DEPARTMENT

Application for New or Modified Service or Meter

Rev. Feb 2011

<p style="text-align: center;">Mailing Address _____</p> <p>Owner _____</p> <p style="text-align: center;">Telephone Number _____</p> <p style="text-align: center;">Address of Building _____</p> <p style="text-align: center;">Tax Map # _____ Tax Lot # _____</p> <p>Building Use: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Condominium <input type="checkbox"/> Public Building</p>	<p style="text-align: center;">Date _____ By _____</p> <p>Received _____</p> <p>Sized _____</p> <p>Activated _____</p> <p>Fee Paid _____</p> <p>Amount _____</p> <p>P&Z Permit # _____</p>
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Backflow Requirements
 Describe potential hazards or cross connections (list chemicals and quantities stored on site.)
 Attach separate sheet, if needed.

Is there an existing backflow device(s)? (circle one): YES NO

If yes, what type? (circle one): Dual Check (Residential Only) Double Check (testable) RPZ

Description	Units			Description	Units		
	Fixture	Units	Total		Fixture	Units	Total
Bathtub	8			Urinal Pedal Flush Valve (Floor mount)	35		
Bedpan Washers	10			Urinal Flush Valve (wall mount)	12		
Comb Sink & Tray	3			Urinal trough 2' long	2		
Dental Unit	1			Wash sink (per set)	4		
Dental Lavatory	2			Dishwasher 1/2" connection	5		
Drinking Fountain - Cooler	1			Dishwasher 3/4" connection	10		
Drinking Fountain - Public	2			Water Closet Flush Valve (toilet)	35		
Kitchen sink 1/2 connection	3			Water Closet tank type (toilet)	3		
Kitchen sink 3/4 connection	7			Washing Machine 1/2" service	5		
Lavatory 1/2" connection	2			Washing Machine 3/4" service	12		
Lavatory 3/4" connection	4			Washing Machine 1" service	25		
Showerhead (shower only)	4			Hose Connection 1/2" (sillcock)	3		
Service sink 1/2" connection	3			Hose Connection 5/8" (sillcock)	5		
Service sink 3/4" connection	7			Hose Connection 3/4" (sillcock)	7		
				Other			
					Total		

Service

Fire Sprinkler System? Yes No If yes, number of heads _____

Proposed Service Size: 3/4" 1" 1 1/2" 2" 3" 4" 6" 8" Other _____

Type: Copper Cast Iron Ductile Iron Other _____

Meter

Is there an existing meter? Yes No

Is there an existing by-pass? Yes No

Max. Flow Required (GPM) _____ Meter Size _____ Meter Type: Disk Turbo

Signature This application will not be processed unless signed by the owner or authorized agent. By signing this application, the Owner agrees to allow Hanover Water Department (HWD) personnel access to meters at a mutually convenient time whenever possible. The Applicant shall be responsible for any damages to meter, piping, wiring and register devices. The Owner agrees to conform with HWD Regulations. Violation of HWD regulations may lead to immediate termination of service. HWD will make a reasonable attempt to notify customers of potential loss in service due to system maintenance or failure; however, HWD does not guarantee prior notice of interruption of service.

Owner's or Authorized Agent's Signature _____	Date _____	Print or Type Name of Owner _____
Applicant's Contact information (if different than owner):		
Applicant's Name (Please Print) _____	Applicant's Address _____	Phone Number _____