

**CITY OF DURAND  
DEPARTMENT OF PUBLIC WORKS  
APPLICATION FOR  
WATER AND/OR SEWER TAP**

Date: \_\_\_\_\_

C.R.F. Receipt #: \_\_\_\_\_

Inspection Fee Paid Yes  No

Address of Property: \_\_\_\_\_

Property ID # \_\_\_\_\_

Owner Name & Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Utility Requested: Water  Sewer  Both

Size \_\_\_\_\_ Size \_\_\_\_\_

**Note: Sewer only customers must have water meter installed on well**

\_\_\_\_\_  
Contractor's License #

\_\_\_\_\_  
MESC License #

\_\_\_\_\_  
Worker's Comp. #

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

**LOCATIONS REPORT MUST BE COMPLETED AND RETURNED PRIOR TO  
OBTAINING WATER METER**

**CITY OF DURAND  
WATER AND/OR SEWER TAP  
LOCATIONS REPORT**

(This form must be completed and returned prior to obtaining water meter)

Service Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Water Service Location:**

The \_\_\_\_\_ water service lead enters the premises on the \_\_\_\_\_ side of the building  
(size) (N,S,E,W)  
and is \_\_\_\_\_ feet, \_\_\_\_\_ inches from the \_\_\_\_\_ corner of the building and is  
(N/E, S/W, etc.)  
\_\_\_\_\_ feet, \_\_\_\_\_ inches deep.  
(Minimum of 6 feet)

Curb Stop is located \_\_\_\_\_ feet, \_\_\_\_\_ inches from the \_\_\_\_\_ line of building  
(N,S,E,W)  
and is \_\_\_\_\_ feet, \_\_\_\_\_ inches from the \_\_\_\_\_ line of the street and is  
(must be within 6 inches of property line)  
\_\_\_\_\_ feet, \_\_\_\_\_ inches from the water main.

Tap Inspected by \_\_\_\_\_ Date \_\_\_\_\_

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**Sewer Service Location:**

The \_\_\_\_\_ sewer service lead exits the premises on the \_\_\_\_\_ side of the building  
(size) (N,S,E,W)  
and is \_\_\_\_\_ feet, \_\_\_\_\_ inches from the \_\_\_\_\_ corner of the building and is  
(N/E, S/W, etc.)  
\_\_\_\_\_ feet, \_\_\_\_\_ inches deep.

The sewer lead is connected to the sewer main \_\_\_\_\_ feet, \_\_\_\_\_ inches from the center  
line of the manhole, located at \_\_\_\_\_ Street  
and \_\_\_\_\_ Street.

Tap Inspected by \_\_\_\_\_ Date \_\_\_\_\_

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Report submitted by: \_\_\_\_\_ Date \_\_\_\_\_