Earnhart Hill Regional Water & Sewer District 2030 Stoneridge Dr PO Box 151 Circleville, OH 43113

Phone: 740-474-3114 or In Ohio: 1-800-474-3114 Fax: 740-474-3115

Witnessed By: __



	Ser	vice Application	110.
The undersigned hereby applie Sewer District, hereinafter refe			service(s) from Earnhart Hill Regional Water & ditions.
Type of Service Requested:	☐ Water	Size:	Tap Fee: \$Capacity Charge: \$
	Sewer		Tap Fee: \$Capacity Charge: \$
	☐ Fire Protection	Size:	Meter Charge: \$Capacity Charge: \$
			Total Charges: \$
equipment, pumping equipme	nt, additional capacity, ar	nd connection to the Distr	of the District for the installation of metering ct's distribution system. Said charges may be installed within six months of the date of this
The District reserves the right Cross Connection Regulations.			g are installed in compliance with the District's) feet from a septic system.
	injury, loss or damage resu	lting from defect in, improp	District. Any apparatus connected thereto shall er use or maintenance thereof. In no event shall
The customer will comply with District.	n and be bound by the Rule	es and Regulations and the	Cross Connection Regulations as adopted by the
	Rules and Regulations. Ar	ny subsequent changes in gro	as otherwise directed by the property owner, but bund elevation as a result of landscaping or other expense of the property owner.
unless such damage results dir- done by or resulting from an	ectly from negligence on the defects in piping, fixture	he part of the District. The res, or appliances on the c	er or the use of water on the member's premises, District shall not be responsible for any damage ustomer's premises. The District shall not be t resulting in any service interruptions.
Facility charges will service.	begin when service is ma	ade available regardless o	f customer's service line being connected to
This application, when accepte	d by the District, will const	itute a covenant running wit	h the property.
I, the undersigned, do hereby a	gree to all specifications an	d provisions as described ab	ove.
Applicant's Name:		Phone:	Alt. Phone:
Service Address:			, OH
Mailing Address:			
Final Grade Established: Yo			
Applicant's Signature:			Date: