

APPLICATION FOR NEW WATER SERVICE

EAST MONROE WATER CORPORATION
3428 S. Knightridge Rd., Bloomington, IN. 47401
812-335-8499 (Fax) 335-8504

Rev. 02/18

APPLICANT INFORMATION

Name: _____ Present Address: _____

Phone: _____ Work: _____ Service Address: _____

Email: _____

Type of Service: Residential Commercial Billing Address: _____

Date Service Desired to Start: _____

Provide a copy of the following:

Property Deed; Agreement to Purchase; Sketch and statement of future plans on reverse;

\$25 Approval Fee (non-refundable): Check# _____ Cash _____ Date _____

OPERATIONS INSPECTION & BOARD REVIEW

Main size: _____ Location: _____ HGL: _____ Date: _____

Main extension length: _____ Size: _____ Hydrant: Install Relocate

I.D.E.M. Approval required: _____ Submitted: _____ Approval date _____

Service line length _____ Evaluation done by _____ Date _____ Hr. req. _____

Scheduled for board review: Date _____ Approved Disapproved

REMARKS:

REQUIRED UPON APPROVAL:

1. Recorded right-of-way easement: Date received _____

2. Membership form completed: Fee pd \$100 Check# _____ Cash _____ Date _____

3. Meter Installation: 3/4" Fee pd \$700 Check# _____ Cash _____ Date _____

1" Fee pd \$950 Check# _____ Cash _____ Date _____

2" Fee pd \$1200 (+Other) Check# _____ Cash _____ Date _____

4. By-Laws and rate schedule provided to member: Date _____

OTHER REQUIREMENTS:

5. Sewell Road Booster Pump: Fee paid \$3500 Check# _____ Cash _____ Date _____

6. Operations inspection: \$35 X _____ Hr.. Amt. _____ Check# _____ Cash _____ Date _____

7. Other _____ Est. Cost _____ Check# _____ Cash _____ Date _____

Rock removal: **if rock is encountered** in the installation of your meter service you will be charged at the rate of \$175 per cubic yard. **2" meters** have an overhead charge of 20% of any extra costs.

Make checks payable to: **East Monroe Water Corporation**

Applicant (s) Signature _____

Date _____

Date _____

This application expires 6 months from the date of Board approval.

Applicant signature for acceptance of line item (5,6,7) _____

Date _____