

TOWN OF BLANDFORD MASSACHUSETTS WATER DEPARTMENT

1 RUSSELL STAGE ROAD, SUITE 16 BLANDFORD, MA 01008 413.848.4279 Ext. 304

APPLICATION FOR WATER SERVICE

Account No.	Property L	Property Location: Mailing Address:					
Owner:							
Map and Parcel No.		Email: Mobile:					
	pplicant Name: Phone:						
Mailing Address:							
Emergency Contact: Phone:							
Type of Occupancy: Resident							
In-ground Sprinkler: Yes	No						
Distance of house from street:		type of service line					
Fire Protection System: Sprinkle Cross Connections known or planned v	er Sizes	No. of Hydrants					
Service Installation Required: Work to be done by private contractors	Full (Main to Buildin	g)	o Building				
(\$750.00) new service hook up charge	The state of the s		West and the second				
Water Department Cost Estimate \$_		727 PA					
Water Line Tap: \$							
Total Paid \$ Check \$150 new service development fee character Department system. Inspection	arge is for the cost of inspe						
I, the undersigned, have this day, signe	and the same of th						
and agree to comply with the rules and Bylaws and rules and regulations perta the Water Department Rules and Regul	ining to water use in the To						
	<u>а</u> ррі	ROVAL:					
Signature	Date	Superintendent	Date				

THIS NOTICE TO BE DISPLAYED DURING CONSTRUCTION.



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1 Russell Stage Road Blandford, MA 01008 413.848.4279 Ext. 304 water@townofblandford.com www.townofblandford.com

SERVICE LINE INSPECTION CHECKLIST

1.	Address:					
2.	Date of Inspection:					
3.	Contractor:					
4.	Depth of Line:					
5.	Proper Distance From Sewer Line:			Y	N	
6.	Material and Length:					
7.	Connectors:	A STATES CONTROLLED				
8.	Leaks: Y	N				
9.	Tracer Wire Used:	Y	N			
10.	Photos Taken:	Y	N			
11	Inspector:					