



Water Supply District of Acton

693 MASSACHUSETTS AVENUE
P.O. BOX 953
ACTON, MASSACHUSETTS 01720

TELEPHONE (978) 263-9107

FAX (978) 264-0148

Date: _____

Account#: _____

I would like to apply for water service at the following address: _____

For the following purpose only: _____ Will this service be 200 feet from the main? _____

I agree to pay the following amount in accordance with the "Rules, Regulations and Rates" set forth by the Water Supply District of Acton, or that may hereafter be made.

<u>Pipe Size</u>	<u>Demand Charge</u>		<u>Fire Sprinkler Demand Charges</u>	
1 inch	\$7,400.00	_____	Buildings up to 20,000 square feet	\$1,000.00 _____
1 ½ inch	\$22,975.00	_____	Buildings between 20,001 & 40,000 sq ft	\$2,000.00 _____
2 inch	\$45,934.00	_____	Buildings between 40,001 & 60,000 sq ft	\$3,000.00 _____
3 inch	\$125,950.00	_____	Buildings between 60,001 & 80,000 sq ft	\$4,000.00 _____
4 inch	\$281,535.00	_____	Buildings over 80,001 sq ft:	
6 inch	\$837,200.00	_____	1000 per each 20,000 sq ft	\$5,000.00 _____

Multi dwelling - # of Units _____ x \$3,550.00 per unit = \$ _____

Hydrant Flow Test - \$700.00 (two checks for \$350.00 each is required). The results of the flow test should be forwarded to our office within 90 days, \$350.000 will be returned at that time.

Location of Flow Test: _____

Please fill in information below for new service or for flow test:

Owner or Contractor: _____

Address: _____

Contact Person: _____ Telephone #: _____

Billing Address: _____

Has road opening permit been obtained? _____ Plans submitted with house number? _____

Fire protection sprinkler required? _____ Will this property have an irrigation system? _____

Signature of applicant: _____

Please note: A final water reading must be done prior to closing on this property.

****All inspections require 24 hours notice****

APPLICATION IS VOID IF METER IS NOT INSTALLED WITHIN 18 MONTHS OF APPLICATION DATE