

## SERVICE WORK ORDER

DATE WORK IS TO BE PERFORMED: \_\_\_\_\_

PURCHASE OR RENTAL (rental/lease property requires a \$50.00 deposit to establish service)

LANDLORD/PREVIOUS OWNER \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SUBDIVISION:** \_\_\_\_\_ **LOT #:** \_\_\_\_\_

**CUST  
NAME:** \_\_\_\_\_

**SPOUSE OR  
ROOMMATE:** \_\_\_\_\_

**HAS ANYONE IN THE HOUSEHOLD PREVIOUSLY BEEN A UNION COUNTY CUSTOMER? YES NO**

**IF SO, WHAT ADDRESS?** \_\_\_\_\_

**SS#** \_\_\_\_\_

**SS#** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**STATE / DL #** \_\_\_\_ - \_\_\_\_\_

**STATE / DL #** \_\_\_\_ - \_\_\_\_\_

**PHONE# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**

**PHONE# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**

**WORK # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**

**WORK # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**

**MAILING/FORWARDING ADDRESS (if different from above)**

\_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_**

A \$25.00 SERVICE CHARGE WILL BE BILLED ON THE FIRST BILL

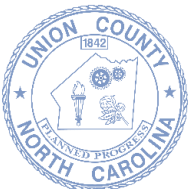
**EMAIL – [pwcs@unioncountync.gov](mailto:pwcs@unioncountync.gov)**

**\*\*For Office Use Only\*\***

**ACCOUNT#** \_\_\_\_\_

**CUST #** \_\_\_\_\_

**G R Y**



# APPLICATION FOR WATER AND/OR SEWER CONNECTION

**Service Location:**

Property Owner: \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street City

Nearest Cross Street: \_\_\_\_\_

Services Requested	Water	Sewer	Irrigation

**Billing Information:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

It is understood between the applicant and Union County this application, upon execution by the applicant or his representative and acceptance by the County Manager or his representative, will constitute a contract between the applicant and Union County, by which the applicant agrees he will comply with all rules and regulations **that may be adopted** by the Board of Commissioners relating to the County Water and Sewer System.

The applicant agrees to pay Union County the sum \$\_\_\_\_\_ (**amount of fees at time of submission of application**) for connection and capacity fees as prescribed in the County's current **rate structure** for the privilege of making the connection referred to herein. The applicant further agrees to pay upon installation of said connection a monthly water and/or sewer charge based on the current **rate schedule** approved by the Board of Commissioners and on file in Union County Public Works.

The North Carolina Plumbing Code, Chapter 6, Section 604.8 and 607.3 requires that a Pressure Reducing Valve (PRV) and Thermal Expansion Device be installed to protect the water service line and plumbing. **If applying for a tap to connect to Union County water, applicant is required to have a PRV and a Thermal Expansion Device installed by a licensed plumber and obtain a plumber's permit from Union County Building Code Enforcement.** A copy of the plumber's permit must be received by Union County Public Works prior to the installation of the water meter.

\_\_\_\_\_  
Signature of Applicant 1: Date:

\_\_\_\_\_  
Signature of Applicant 2: Date:

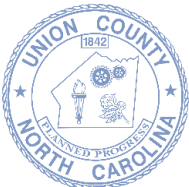
**Office Use Only:**

Account # \_\_\_\_\_ Rec'd by \_\_\_\_\_ Code: RE\_\_\_\_CO\_\_\_\_ID\_\_\_\_IT\_\_\_\_

Permit # \_\_\_\_\_ Meter Size \_\_\_\_\_ CDR: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interceptor tank? \_\_\_\_\_

Receipt# \_\_\_\_\_ Total \$ \_\_\_\_\_ ULOCO # \_\_\_\_\_ Clear Date: \_\_\_\_\_

Plumber's Permit \_\_\_\_\_ Parcel # \_\_\_\_\_ CSS: \_\_\_\_\_ Date: \_\_\_\_\_



# NORTH CAROLINA GUIDELINES

(Please check any that pertain)

## RESIDENCE/COMMERCIAL

Will this location have any of the following?

- Fire sprinkler system
- Booster pump or chemical additives (Model FRP II)
- Lawn sprinkler systems
- Any chemical injection(s) or booster pump? (Model FRP II)
- Any connection to tanks, lines and vessels that handle non-toxic substances
- Automatic service stations (with no car wash), bakeries, beauty shops with no health hazard and bottling Plants with no back pressure

## MODEL FRP II – REQUIRED

- Swimming Pools
- Connection to an unapproved water system or unapproved auxiliary water supply
- Connection to tanks, pumps, lines, steam boilers or vessels that handle sewage, lethal substances, Toxic or radioactive substances.
- Hospital and other medical facilities or morgues, mortuaries and autopsy facilities
- Metal plating facility or Dye Works
- Laundries or Car Wash
- Bottling plants (subject to back pressure)
- Canneries or Dairies
- Exterminators and lawn care companies
- Battery manufacturers
- Chemical processing plants
- Film Laboratories
- Five or more stories building
- Water front facilities

CUSTOMER: \_\_\_\_\_

DATE: \_\_\_\_\_

C/S STAFF: \_\_\_\_\_

