



Water Supply District of Acton

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

TELEPHONE (978) 263-9107

FAX (978) 264-0148

Application for Water Service

Date: _____ Account#: _____

Address: _____

Residential _____ Number of Units _____ Commercial _____ Other _____

Will this service be 200 feet from the main? _____ Existing unit on the property? _____

Unit size: Bedrooms _____ Bathrooms _____ Half Bath _____

Lot size _____ Will this property have an irrigation system? _____

Fire Protection required? _____ Square footage: _____ Anticipated start date: _____

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

Owner : _____

Address: _____

Contractor: _____

Contact Person: _____ Telephone # _____

Billing Address: _____

Email address: _____ Cell Phone # _____

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, \$350.00 will be returned at that time.

Location of Flow Test: _____

Date of flow test: _____ Operator: _____

=====

OFFICE USE ONLY:

Application Complete _____ Water Impact Report _____ Reviewed by _____

Demand Due _____ Mitigation Due _____ Total Due _____

Customer notified _____ Date _____ Flow Test Received _____

Date Paid _____ Project start date _____ Date of Refund _____

CC Survey _____



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Per Acton Water District *Rules and Regulations(attached)*, any person applying for water use requiring an extension of or addition to the water piping system or service for one or more single-family dwelling must provide a Water Impact Report to the Acton Water District, for approval by the Board of Water Commissioners. This report must include the following:

- Project name, applicant, and contact information.
- Number of dwelling units (i.e. two single family homes, 12 rental apartments, 2 duplexes, etc.).
- Estimated project start/end dates including dates for any project phases, if applicable.
- Estimated average day water demand and maximum day demand, description of method used to develop demand projections.
- Expected impact of the project of the District’s existing supply system, including effect on water flow speed and direction through water mains proximate to the new service or services, maintenance of adequate fire flows and impact of the project on the District’s Water Management Act Withdrawal Permit compliance.
- Conditions and water conservation measures that will mitigate the effect of the project’s impact.

Mitigation Fee is \$5 per gallon of projected use and will be calculated prior to ANY work being done. Mitigation Fee and Demand Charge will be paid in full at time of application approval.

<u>Pipe Size</u>	<u>Demand Charge</u>	<u>Fire Sprinkler Demand Charges</u>
1 inch	\$10,000.00	Buildings up to 20,000 square feet \$1,000.00
1 ½ inch	\$31,100.00	Buildings between 20,001 & 40,000 sq ft \$2,000.00
2 inch	\$62,100.00	Buildings between 40,001 & 60,000 sq ft \$3,000.00
3 inch	\$170,100.00	Buildings between 60,001 & 80,000 sq ft \$4,000.00
4 inch	\$280,200.00	Buildings over 80,001 sq ft:
6 inch	\$1,130,500.00	\$1,000 per each 20,000 sq ft

Multi dwelling - # of Units _____ x \$4,800.00 per unit = \$ _____

Signature of applicant: _____ Date _____

AWD approval: _____ Date _____

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.

Final acceptance of terms and fees: _____ Date _____

Please note: All properties are subject to a Demand Fee, Mitigation Charge and Meter Installation Fee. A final water meter reading and mitigation inspection 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