

# Service Review

TO BE COMPLETED BY WATER SUPPLIER

Water Supplier's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

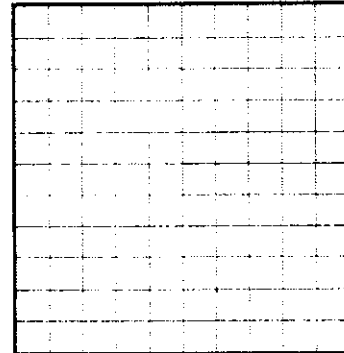
Date: \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Is this a typical domestic user?  Yes  No

NE  NW  SE  SW 1/4 Section

Please indicate location of the meter on this 1/4 Section Block.



If not, please estimate maximum flow rate: \_\_\_\_\_

COMMENTS:

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TO BE COMPLETED BY ENGINEER

Distance from Existing Pipe Line \_\_\_\_\_ Meter Elevation \_\_\_\_\_

Expected Pressure: Maximum \_\_\_\_\_ psi; Minimum \_\_\_\_\_ psi

Recommended for Service?  Yes  No

Pressure Regulator?  Recommended  Not Necessary

COMMENTS:

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The maximum and minimum pressures are estimated based on conditions as of the date of the Service Review. These pressures may change with future additions and changes to the system.

REVIEWED BY \_\_\_\_\_

Date: \_\_\_\_\_

P.N. \_\_\_\_\_