SOUTH CENTRAL CALHOUN COUNTY WATER

CONTROL & IMPROVEMENT DISTRICT NO. 1P O Box 833361-552-0160Port Lavaca, TX 77979scccwcid1ta@yahoo.com

APPLICATION FOR SANITARY SEWER SERVICE

(Name of Applicant)	(Pho	one)	(Email address)	
(Mailing address)	(City)	((State, Zip code)	
Address of property where sewer	is to be installed:			
(Name of Subdivision)	(Block No.)	(Lot No.)	(CAD ID#)	
Installation to be performed by:				
Type of pipe material to be used:	PVC Schedule 40			
Applicant should use the second s Construction must not begin until				
Inspector prior to backfilling. After their house, including the above g not drive cars, trucks, or heavy eq	er installation, homeowner round air-tight mechanical uipment over sewer lines.	is responsible for ma plug for the cleanou	Line and inspected by the WCID#1 intaining their line from the tap to t pipe. To prevent damage to pipes, do the sewer system, payable at the time	
the application is completed. ALL	construction labor and ma	iterials to tap into the	WCID#1 Main Line will be provided by connection to the WCID#1 Main Line.	
Sewer Service Rates and Fee: Yo WCID#1 office for current rates) v Once a year a Fee will be included	which is due by the 20 th of e	each month. After th	at date, a late charge will be applied.	
*Should any additional connectic for each additional connection w			dded to your original service, a fee(s) e Current Monthly Rate.	
WCID#1 USE ONLY: Date of co	nstruction:			
Date of Inspection: 1 st	2 nd		3 rd	
	Approved b	y:		

SCCCWCID #1 INSPECTOR

New Account # _____

Please draw a sketch showing the residence and proposed location of the sewer line.

*Note: The horizontal distance to SCCCWCID#1 sewer main cannot exceed 100 ft. The minimum size residential service line is 3 inches. The entire length of the service line is to be embedded in sand.