**Harrison County Utility Authority**

10271 Express Drive

P.O. Box 2409

Gulfport, MS 39505

Office: 228-868-8752

Fax: 228-868-39505

**Application for New Water Service (Residential)**

Applicant

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Service/Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date Service Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Water Service

Tap Size Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in.

Proposed domestice water line size: \_\_\_\_\_\_\_\_\_\_\_\_\_ in.

Proposed water meter size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in.

Proposed irrigation water line size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in.

Proposed irrigation meter size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in.

Is there a well onsite? \_\_\_\_\_\_\_\_\_ yes, \_\_\_\_\_\_\_\_\_ no.

Note: If there is a well onsite that will remain in service and tied into any of the water lines serving the facility then a reduce pressure backflow preventor is required. If the well is cut and capped or closed out then a backflow preventor is not required.

Proposed operating pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ psi.

Water Main Pressure: static \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ psi, residual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ psi

Is a pressure reducing valve required? \_\_\_\_\_\_\_\_\_\_\_ yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ no.

UTILITY PLAN: Return this application with two(2) sets of the Utility Plan for the proposed commercial site development. The utility plan will be reviewed and approved according to HCUA specifications and standards. The field work shall substantially conform to the approved utility plan

HCUA. The Harrison County Utility Authority agrees to provide potable water at the designated tap point to the Retail water Provider and the Applicant. The Harrison County Utility Authority owns and is responsible for maintenance of the water main, tap saddle and tap valve.

RETAIL WATER PROVIDER: The Retail Water Provider will read the meter on a regular basis, invoice the applicant and collect the fees. The retail water provider owns and is responsible for maintenance of the water service from the tap valve to the water meter.

APPLICANT: The Applicant agrees to pay tap fees and costs associated with making the tap and monthly water use. The Applicant owns and is responsible for maintenance of the water service from the back of the meter to the building or facility.

This application is part of an agreement for services.

Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Retail Water Provider:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date