

EAST CENTRAL SPECIAL UTILITY DISTRICT
P. O. Box 570
Adkins, Texas 78101
(210) 649-2383

ENGINEER'S STUDY
FOR STANDARD SERVICE

DATE _____

NAME OF APPLICANT _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Circle one Home Other

LOCATION OF REQUESTED SERVICE _____

.....
FOR DISTRICT USE:

APPLICATION RECEIVED _____

APPLICATION REVIEW DEPOSIT: _____ (\$80.00 MINIMUM)

.....
ENGINEER'S COMMENTS:

FILE # _____ APPLICATION RECEIVED _____

SERVED BY _____ MAIN (A/C or PVC) MINIMUM FLOW _____

PRESSURE AVAILABLE:

ELEV. OF HIGHEST METER IS _____ FEET
STATIC HEAD _____ FEET
MINIMUM PRESSURE _____ PSI

APPLICATION APPROVED _____
NOT APPROVED _____

RECOMMENDATIONS:

BY _____ DATE _____

CONSTRUCTION REQUIREMENTS _____

COST BREAK DOWN

DEPOSIT	\$ _____
METER	\$ _____
IMPACT FEE	\$ _____
WATER ACQUISITION FEE	\$ _____
ROAD BORE	\$ _____
CUSTOMER SERVICE INSPECTION FEE	\$ _____
LINE EXTENSION	\$ _____
TOTAL COST	\$ _____