

An Equal Opportunity Employer 124 Park and Pool Road
 New Stanton, PA 15672
 Phone: 724.755.5800
 1.800.442.6829



"Regional Water Wastewater Service"

Mailing Address
 P.O. Box 730
 Greensburg, PA 15601

www.mawc.org
 mawc@mawc.org

<u>IN-HOUSE USE ONLY</u>
Application Number:
Date:

APPLICATION FOR RESIDENTIAL SEWER TAP

APPLICANT		
Name:		
Phone:	Email:	Fax:
Mailing address:		
City:	State:	ZIP Code:
PROPERTY OWNER		
<input type="checkbox"/> Same as above		
Name:		
Phone:	Email:	Fax:
Mailing address:		
City:	State:	ZIP Code:
PROPERTY INFORMATION		
Service Address:		
City:	State:	ZIP Code:
Municipality:	Tax Map Number:	Lot Number:
PROJECT INFORMATION		
Type of Project: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Building <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Subdivision		
Type of Building: <input type="checkbox"/> Residential Home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Garage/Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other		
Building Description:		
Contractor Name:	Contractor Phone:	
Development:		
Previously Paid Tap Fee Escrow: <input type="checkbox"/> Yes <input type="checkbox"/> No		TFE Receipt Number:
Existing Taps: <input type="checkbox"/> Yes <input type="checkbox"/> No		Existing Tap Number:
Existing Water Account: <input type="checkbox"/> Yes <input type="checkbox"/> No		Existing Water Account Number:
SIGNATURE		
Signature of Applicant:		Date:
The tap connection fee is listed in the Wastewater Service Rate Schedule, which is available at www.mawc.org		

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PLANNING			
Project:		Plan:	
Flows to Treatment Plant:			
Must Submit: <input type="checkbox"/> DEP Planning Module <input type="checkbox"/> DEP Planning Module Exemption			
Fee:	Date Paid:	Check Number:	Receipt Number:
DEP Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		DEP Code Number:	
Building Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Municipality:	
Wye Available: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grinder Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Comments:			
TAP CONNECTION FEE			
Tap Fee Escrow (TFE) Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of EDUs:	Total TFE Due:
Name of Person TFE Quote Given To:			Date TFE Quote Given:
Date Deposited:		Amount Deposited:	
Check Number:		Receipt Number:	
Tap Allocation Date:			
Transfer Letter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
TFE Agreement Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Signed:	
Approved By:		Date of Approval:	
Tap Fee Payment: <input type="checkbox"/> Check		<input type="checkbox"/> From a Previously Paid TFE	
Check Number:		TFE Name:	TFE Receipt Number:
Receipt Number:		Date Deposited:	Allocation Date:
BILLING			
Date Billing to Begin:			
Other Comments:			
Reviewed By:		Date Submitted for Processing:	