

Lumberton Municipal Utility District Application for Plumbing Permit

Date: _____ Phone No.: _____ Account No.: _____
 Owner or Builder: _____ Plumber or Person Applying for Permit: _____
 Job Location: _____ Bk. No.: _____ Lot No.: _____

24-Hour Notice Required on All Inspections

New Construction Permit

\$20.00 Minimum Permit Fee (includes trailer / water / sewer lines)

- | | |
|---------------------------------------|--|
| _____ Toilets or Urinals @ \$2.50 ea | _____ Drinking Fountains @ \$2.50 ea |
| _____ Tubs or Showers @ \$2.50 ea | _____ Grease Interceptors @ \$2.50 ea |
| _____ Sinks or Lavatories @ \$2.50 ea | _____ Wash Racks @ \$5.00 ea |
| _____ Water Heaters @ \$3.00 ea | _____ Sump Pump @ \$2.50 ea |
| _____ Floor Drains @ \$2.50 ea | _____ Backflow Prevention Device @ \$2.50 ea |
| _____ Washing Machine @ \$2.50 ea | _____ Thermal Expansion Device @ \$2.50 ea |

New Construction Permit Total Cost: _____

Permit Extension: Date: _____ Fee: _____
Re-Inspection: Date: _____ Fee: _____
Re-Inspection: Date: _____ Fee: _____

New Construction: Date Called In				Inspection Date			Trailer: Date Called In		
	Date	Time	Initial				Date	Time	Initial
Rough In	_____	_____	_____	_____	_____	_____	_____	_____	_____
Top-Out	_____	_____	_____	_____	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sewer Line	_____	_____	_____	_____	_____	_____	_____	_____	_____
Water Line	_____	_____	_____	_____	_____	_____	_____	_____	_____

Water Line Cut-Off
 Sewer Line 4" x 3" Red.
 Check Valve Rough-In

Customer Service Inspection Certificate

Name of PWS: **Lumberton Municipal Utility District** PWS ID# **1000035**

Reason for Inspection: New construction Existing service where contaminant hazards are suspected
 Major renovation or expansion of distribution facilities

Location of Service: _____

I, _____, upon inspection of the private water distribution facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

- | Compliance | Non-Compliance | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | (1) No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with Commission regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | (2) No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow prevention assembly tester. |
| <input type="checkbox"/> | <input type="checkbox"/> | (3) No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | (4) No pipe or pipefitting which contains more than 8.0% lead exists in private water distribution facilities installed on or after July 1, 1988. |
| <input type="checkbox"/> | <input type="checkbox"/> | (5) No solder or flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988. |

I further certify that the following materials were used in the installation of the private water distribution facilities:

Service Lines Lead Copper PVC Other
 Solder Lead Lead Free Solvent Weld Other

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Remarks: _____

Signature of Inspector _____ Registration Number _____ Date _____

Title _____ Type of Registration _____