

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

**ENGINEER'S STUDY**  
**FOR NON-STANDARD SERVICE**

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

LOCATION OF REQUESTED SERVICES \_\_\_\_\_

NUMBER OF SERVICES APPLIED FOR \_\_\_\_\_  
(Furnish Plat or Layout of Development)

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**FOR DISTRICT USE:** APPLICATION RECEIVED \_\_\_\_\_

APPLICATION REVIEW DEPOSIT: METER SIZE: STANDARD \_\_\_\_\_  
(\$80.00 MINIMUM) = \_\_\_\_\_ ¾" \_\_\_\_\_  
(3 to 50) NUMBER OF SERVICES x \$20.00 = \_\_\_\_\_ 1" \_\_\_\_\_  
(51 and more) NUMBER OF SERVICES x \$15.00 = \_\_\_\_\_ 1 ½" \_\_\_\_\_  
other \_\_\_\_\_

FILE # \_\_\_\_\_

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**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

RECOMMENDATIONS:  
APPLICATION APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

BY \_\_\_\_\_ DATE \_\_\_\_\_

CONSTRUCTION REQUIREMENTS \_\_\_\_\_

ENGINEER'S REVIEW FEE \$ \_\_\_\_\_