

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: _____
(\$60.00 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

RECOMMENDATIONS:
APPLICATION APPROVED _____ NOT APPROVED _____

BY _____ DATE _____

CONSTRUCTION REQUIREMENTS _____

ENGINEER'S REVIEW FEE \$ _____