

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

ENGINEER'S STUDY
FOR NONSTANDARD 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 _____
(\$60.00 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 \$ _____