

**SOUTH ALBURGH FIRE DISTRICT NO. 2
COMMUNITY WATER SYSTEM
CUSTOMER CONNECTION CHECKLIST**

Customer Information			
Parcel ID No.		Phone No.	
Property Owner			
General Description of Property <small>(Name of Business, Single Family Home, etc.)</small>			
Physical Address:		Mailing Address:	
Property Owner's Representative (if different)			
Phone No.		Email	
Name of Water Customer Present During Installation			
Name of Fire District Representative Present During Installation (if applicable)			

Plumber's Certification			
Plumbing Contractor:			
Installation Completed by:			
License No.		Date of Connection:	

All Piping Swabbed for Disinfection?	Yes	No
Existing Water Source being properly abandoned?	Yes	No
If yes, describe:		
Indicate How Service Line from Existing Source is Being Abandoned:		
_____ Cut and capped outside of building foundation		
_____ Cut and capped in basement		
_____ Other (please describe):		
_____ Existing Source to remain in service for non-potable use (if so, please describe):		

Property Owner		Parcel ID No.	
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Meter Installation Checklist			
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Installation Completed by:			
License No.		Date of Post Construction Walkthrough	

Meter Size		Meter Model	
Meter Serial Number		Radio Read Send Number	
Initial Meter Reading		Initial Meter Remote Reading	
Water Meter Calibration			
Backflow Preventer Model No. (if applicable)		Backflow Preventer Part No. (if applicable)	

Insulation Required? (circle)	Yes	No	N/A
Insulation Installed?	Yes	No	N/A
Self-Regulating Heat Tape Required?	Yes	No	N/A
Self-Regulating Heat Tape Installed?	Yes	No	N/A
Meter/PRV/Backflow Preventer Insulating Jacket Required?	Yes	No	N/A
Meter/PRV/Backflow Preventer Insulating Jacket Installed?	Yes	No	N/A
Wall Penetration?	Yes	No	N/A
Floor Penetration?	Yes	No	N/A
Meter Assembly Support Required?	Yes	No	N/A
Meter Assembly Installed?	Yes	No	N/A
If Meter Assembly Installed, Indicate Direction	Horizontal	Vertical	N/A
All Piping Swabbed for Disinfection?	Yes	No	N/A
Owner Present During Installation?	Yes	No	N/A
Engineer Present During Installation?	Yes	No	N/A
Owner Notified of Completed Work?	Yes	No	N/A

Property Owner		Parcel ID No.	
Post Construction Photos	Date Taken		
	Date Delivered to Town		
Plumber's Notes and Comments (provide sketch if necessary)			
Actions Completed per			
Recommendations for Property Owner Prior to Connection to Municipal Water System			
<small>(Refer to Meter Installation Checklist to be provided)</small>			
<p>I hereby certify that all work was completed in compliance with the Vermont Plumbing Code, the internal plumbing has been modified so the existing water source will not pose a risk of cross-connection to the Fire District's water system, and the property is ready for water service.</p>			
Licensed Plumber	_____		_____
	Signature		Date
<u>Witnesses:</u>			
Customer/Representative	_____		_____
	Signature		Date
District Representative	_____		_____
	Signature		Date

