

# TULLAHOMA UTILITIES AUTHORITY

## POWER, WATER & SEWER AVAILABILITY

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Service Location: \_\_\_\_\_ Inside City \_\_\_\_\_ Outside City \_\_\_\_\_

Address & Lot No. \_\_\_\_\_ County \_\_\_\_\_

Service is for: Residence \_\_\_\_\_ Apartments \_\_\_\_\_ Duplex \_\_\_\_\_ Modular or Mobile Home \_\_\_\_\_ Garage \_\_\_\_\_

Lawn Irrigation System \_\_\_\_\_ Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Type of Service Requested: Water \_\_\_\_\_ Non-Sewered Water \_\_\_\_\_ Sewer \_\_\_\_\_ Electric \_\_\_\_\_

Size Water Tap: \_\_\_\_\_ Size Sewer Tap: \_\_\_\_\_ Size Electric Panel (Amps): \_\_\_\_\_

Is there a well on the property? Yes \_\_\_\_\_ No \_\_\_\_\_ Is there a septic tank on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If there is a well on the property you must sign affidavit. Ask customer service representative to explain.

All residential customers must complete a **Cross-Connection** survey before obtaining service.

Customer/Builder must set the elevation of all plumbing fixtures to allow for gravity flow sewer when the city sewer mains are gravity flow. Private pumps may be required if they are not.

Distance from the closest fire hydrant to the furthest point of structure (feet): \_\_\_\_\_

**If this service is for anything other than a single family residence, modular or mobile home, the customer/builder must provide written plans before we process this form.**

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For TUA Use Only

<input type="checkbox"/> Water is Available	Size of Water Main is _____	*Current Water Tap Cost:
<input type="checkbox"/> Water is Not Available		<u>3/4"</u> _____ <u>1"</u> _____
<input type="checkbox"/> Sewer is Available	Size of Sewer Main is _____	*Current Sewer Connection Charge:
<input type="checkbox"/> Sewer is Not Available		_____
<input type="checkbox"/> Service Line Inspection Fees		<u>Water</u> _____ <u>Sewer</u> _____

Vice President,  
Water and Wastewater Systems: \_\_\_\_\_ Scott A. Young, P.E. \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Electric is Available	*Current Electric Tap Cost:
<input type="checkbox"/> Electric is Not Available	<u>To be determined at a later date</u>
<input type="checkbox"/> Electric Must Come From DREMC	_____

Vice President,  
Electric and Fiber Systems: \_\_\_\_\_ Brian Coate, P.E. \_\_\_\_\_ Date: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

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