

TOWN OF ROWLEY Municipal Water Department 401 Central St.

Rowley, MA 01969 Office: 978-948-2640



Board of Water Commissioners Bernard Cullen, Chairperson John Manning, Commissioner Mark Emery, Commissioner

Application for Domestic Water Service

If this petition is granted, the petitioner agrees to comply with the Department's rules and regulations and understands that this application constitutes a contract between the signed, his heirs, his assigns, and the Town of Rowley Water Department, reserves the right to deny final water turn-on to said until all rules and regulations set forth have been met.

A meter pit will be required for all new water services or existing water service replacements. The meter pit must be installed within ten feet of the curb gate to facilitate access to the water department-owned water meter 24 hours/day. Water services larger than two inches may be installed inside the building with approval from the Water Department.

Applicants must submit a detailed design of the service installation before the application is approved by the Water Department.

The applicant will be responsible for the cost of the meter pit at the time of application. The meter pit will be required to contain a meter horn to install the meter, a backflow preventer, and a valve to shut off the water service to the home. The applicant must supply the Water Department with a design of the meter pit with all dimensions and piping materials before the application is approved.

Application fees: Total cost: \$4000

- 1. Petitioner must submit a complete application with a **\$100** non-refundable fee to the Rowley Water Department. The remaining **\$3900** is due at the time of connection.
- 2. The petitioner must have the complete connection installed by a licensed private contractor. The Water Department will inspect the meter pit installation before the meter is installed.

Date of application: _____

Robert Gray Water Superintendent

Robert Gray Water Superintendent	-	DWN OF ROWLEY al Water Dep Rowley, MA 01969 Office: 978-948-2640		, Chairperson Commissioner
Size of service requested: _				
Location of service:				
Contractor:				
Contractor Address:				
Contractor Phone #:				
Signature:				
Application fee received:		Date:		
Department Head Approva	l of Plans:		Date:	