



# WATER MAIN EXTENSION APPLICATION

Harwich Water Department

196 Chatham Road, Harwich MA 02645

P: 508-432-0304 | [customerservice@harwichwater.com](mailto:customerservice@harwichwater.com)

Location: \_\_\_\_\_ EST Start Date: \_\_\_\_\_

### CONTRACTOR

Contractor Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### FIELD CONTACT

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### INSPECTOR

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**SITE VISIT IS REQUIRED AT START OF PROJECT. PLEASE CONTACT OUR OFFICE 1-WEEK PRIOR TO SCHEDULED START DATE.**

FEES TO BE BILLED					
<input type="checkbox"/> 6" Tap	\$ 600.00	<input type="checkbox"/> 10" Tap	\$ 800.00	<input type="checkbox"/> 16" Tap	\$ 1,000.00
<input type="checkbox"/> 8" Tap	\$ 700.00	<input type="checkbox"/> 12" Tap	\$ 900.00	<input type="checkbox"/> Trench Permit	\$ 25.00

APPLICATION DOCUMENTS REQUIRED	
<input type="checkbox"/> Application PG 1	<input type="checkbox"/> Trench Permit PG 2 REQUIRED <a href="http://MASS.GOV/ORGS/TRENCHES">MASS.GOV/ORGS/TRENCHES</a>
<input type="checkbox"/> Engineered Site Plan DRAWN TO IDENTIFIED SCALE	<input type="checkbox"/> Approved Installer & Inspector REQUIRED
<input type="checkbox"/> Road Cut Permit SIGNED BY DPW	<a href="#">APPROVED INSTALLERS LIST</a>   <a href="#">APPROVED INSPECTORS LIST</a>

**SUBMIT PDF BY EMAIL TO [CUSTOMERSERVICE@HARWICHWATER.COM](mailto:CUSTOMERSERVICE@HARWICHWATER.COM), HAND DELIVER OR MAIL TO 196 CHATHAM RD, HARWICH MA 02645**

## MUNICIPAL WATER SYSTEM CONNECTION

1. Town water must be available on the road where lot is located.
2. Lot must have sufficient frontage on road in order to install water/fire service.
3. Application fee(s) will be billed and must be paid prior to service activation request.
4. By legislation of the Commonwealth of Massachusetts, no physical connection shall be made between the Town water system and any other source(s) of water supply.
5. All water main installations must comply with [HARWICH WATER DEPARTMENT RULES & REGULATIONS](#), Section 6. Requirements & Specifications for Laying Water Mains Water Mains and Appurtenances Standards.

SERVICE ACTIVATION DOCUMENTS REQUIRED		
A packet of the following documents must be received prior to activation and balance must be paid in full.		
<input type="checkbox"/> Lab Results (2) CONSECUTIVE ZERO BACTERIA & COLIFORM	<input type="checkbox"/> Ties	<b>OFFICE USE ONLY:</b> <input type="checkbox"/> Paid Balance VERIFY
<input type="checkbox"/> Pressure Test Result	<input type="checkbox"/> Paid Balance	

**AGREEMENT:** I hereby apply for a water main extension at the above noted location. As soon as main is connected to the distribution system, I agree that I will pay for same and abide by all the rules and regulations now enforced or to be established by the Board of Water/Wastewater Commissioners.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_



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### TRENCH PERMIT

Applicant: \_\_\_\_\_ Location: \_\_\_\_\_  
IF DIFFERENT  
Excavator: \_\_\_\_\_ Map/Parcel/Lot: \_\_\_\_\_  
Address: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Owner Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_ Start to Finish Date(s): \_\_\_\_\_  
Email: \_\_\_\_\_ Dig Safe Number: \_\_\_\_\_

**Description, location and purpose of proposed trench.** *Describe exact location of the proposed trench and its purpose. Include a description of what is, or is intended, to be laid in proposed trench (e.g.; pipes/cable lines, etc.)*

### INSURANCE INFORMATION

Insurer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_  
Competent Person (AS DEFINED BY 520 CMR 7.02): \_\_\_\_\_ MA Hoisting License #: \_\_\_\_\_  
Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. C. 82A, 520 CMR 14.00 ET SEQ., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BYLAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING, BUT NOT LIMITED TO, ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT, OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IF DIFFERENT  
Excavator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
IF DIFFERENT  
Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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