

APPLICATION TO STUB AND REUSE WATER SERVICE LINE

DATE: _____

TO: DES MOINES WATER WORKS

FROM: _____

MAILING ADDRESS: _____

I am the Owner/Agent or Owner of the property or properties known as:

(Service Address)

I understand it is my obligation as Owner of this property to maintain water service lines from the water main in accordance with Des Moines Water Works' Rules and Regulations and local Plumbing Code. I further understand it is my obligation as Owner of this property to cause a service line to be disconnected at the water main upon the discontinuance of service through such service line. Service to the above-described property(s) has been discontinued at my request. Because I expect to reactivate the service not more than one year after the date of application, I hereby request that Des Moines Water Works excuse me from disconnecting the service at the main at this time, and in consideration of their approval for doing so I agree that the service line will be reactivated within one year. If the service line is not reactivated within one year after the date of application, I will have the service line disconnected at the main by a licensed plumber or I hereby authorize Des Moines Water Works to disconnect such service line at my expense. I understand such an agreement is contingent upon Water Works' review of the following in the field:

- Stub must be copper and must tap in front of the property to be served
- The curb stop must be upgraded to meet the requirements of the Des Moines Water Works Rules and Regulations at the time the water service is stubbed
- There may be only one tap (no bullheaded service lines), and it must be 3/4" or larger
- The service must be large enough to serve the proposed use of the property
- There must not be a condition of service on the account due to a leak or needed repair

Des Moines Water Works will notify you whether or not the water service can be stubbed after field review. Your plumber may be required to expose the water service at the stop box in order for us to determine pipe material before a decision can be made.

Owner/Agent Information:

(Name – please print) (Signature) (Date) (Phone number)

DMWW USE ONLY

Service Information _____	_____	_____	_____	_____
(By DMWW)	(Account number)	(Permit number)	(Tap date)	(Tap size)
Des Moines Water Works _____	_____	_____	_____	_____
	(Prepared by)	(Approved for reuse by)	(Date)	

Complete and fax to Des Moines Water Works at 515-283-872. **Application must be approved prior to service line being stubbed.**