



CITY OF FERNDALE

APPLICATION FOR BULK WATER

APPLICATION DATE: _____ DATE WATER NEEDED: _____

APPLICANT NAME & ADDRESS: _____

CONTACT NAME: _____ TELEPHONE: _____

JOB ADDRESS: _____

WORK TO BE PERFORMED: _____

WATER USE TYPE (please check one):

Water Truck

License Number _____ Size (in gallons) _____

Air Gap

Backflow Device (Attach Current Test Form)

Approved by Public Works _____ (Public Works Staff Initial and Date)

Hydrant Connection

Requested Hydrant Location _____

Hose Size/Diameter _____ Duration of Flow _____

Backflow Type/Serial Number _____ (Attach Current Test Form)

ESTIMATED AMOUNT OF WATER TO BE PURCHASED: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of activity will be complied with whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating this type of activity. I understand the city is held harmless for any uses of bulk water taken from the city water system and I shall maintain proper backflow prevention as required by City Ordinance, Federal and State law.

APPLICANT: _____ DATE: _____

Approval of this application is subject to the following conditions:

Permission is hereby given to do the above-described work, according to the conditions hereon and subject to compliance with the ordinances of the City of Ferndale, applicable Federal and State law, along with the following conditions:

APPROVED BY: _____ DATE: _____

TO SCHEDULE WATER TRUCK INSPECTIONS, CALL PUBLIC WORKS AT (360) 384-4006.