



Water & Wastewater Connection Application

Submit application to Public Works at 1100 North Tower Avenue or E-mail to UTILITIES-officestaff@cityofcentralia.com

Services Requested

- ☐ Water:
☐ Wastewater:

City Limit

- ☐ Inside
☐ Outside
☐ UGA

Connection Type

- ☐ Residential
☐ Commercial
☐ Multiple Family
_____ # of Units

Date: _____

Service Address: _____

Parcel #: _____

Legal Owner: _____

Description of Project: _____

Contact Information

Name: _____

Mailing Address: _____

Phone #: _____ / _____

E-mail: _____

Preferred Contact Method:

- ☐ Phone: ☐ E-mail: ☐ Mail:

Official Use Only:

Date Received: _____ Due Back: _____ Return To: _____

Name of Reviewer		Initials	Date Reviewed
	Chris Stone, Water		
	Holly Fuller, Wastewater		
	Andy Oien, Public Works Director		

Date returned to admin office: _____

Date customer contacted: _____

Date application expires: _____

By: _____ Office Coordinator

Fee Worksheet

Allow ten (10) working days for processing
Fee estimate only and subject to revision

Water Utility:

☐ Residential: ☐ Single Family ☐ Multiple Family _____ Number of Units
☐ Commercial (Type of Business: _____)
_____ Number of Hookups Requested
Well on-site or planned? ☐ No ☐ Yes If yes, Explain: _____

Water Meter Size:

Residential: ☐ ¾ inch Meter ☐ 1 inch or larger (size _____)
Commercial: ☐ ¾ inch Meter ☐ ¾ inch Sprinkling Meter
☐ 1 inch or larger (size _____) ☐ Fire Meter
☐ Irrigation Meter

Wastewater Utility:

☐ Residential: ☐ Single Family ☐ Multiple Family _____ Number of Units
☐ Commercial (Type of Business: _____)
Basement on-site or planned? ☐ No ☐ Yes If yes, see backwater valve requirements below

Applicant shall be charged fee rate in effect at the time of payment

Fees are adjusted every January 1st

Water Utility Estimated Fees

Wastewater Utility Estimated Fees

Capital Facility \$ _____ Estimate (See Attachment) \$ _____ Latecomer \$ _____ Other \$ _____ Description: _____ Estimated Fees \$ _____	Capital Facility \$ _____ Sewer Permit \$ _____ Latecomer \$ _____ Other \$ _____ Description: _____ Estimated Fees \$ _____
Comments (Including backflow protection): _____ _____ _____ _____ _____	Comments (Including Fats, Oils, Grease (FOG), and backwater valve requirements): _____ _____ _____ _____ _____
<u>Documents Attached for Completion:</u> _____ Covenant for Annexation _____ Water Main Extension Agreement _____ Pump Station Upgrade Agreement _____ Easement _____ Backflow Agreement _____ Backflow Prevention Guidelines _____ Right-Of-Way Permit _____ Other: _____	<u>Documents Attached for Completion:</u> _____ Covenant for Annexation _____ Wastewater Main Extension Agreement _____ Pump Station Upgrade Agreement _____ Lift Station Upgrade Agreement _____ Grinder Pump Agreement _____ Easement _____ Outside UGA-Lewis County Approval _____ Right-Of-Way Permit

Reviewed by: _____ Date: _____ Reviewed by: _____ Date: _____

Pay Fees at City of Centralia Public Works - 1100 N. Tower Avenue

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Water & Wastewater Review and Recommendation

Public Works:

- | | | |
|--|-----------|----------|
| 1. Site is <u>inside</u> the Urban Growth Boundary (map attached). | Yes _____ | No _____ |
| 2. Site is <u>inside</u> critical aquifer area (map attached). | Yes _____ | No _____ |
| 3. Site Plan Review Committee approved on _____. | | |

If the request is **outside** the City and **outside** the Urban Growth Boundary, complete the following steps 4-6 (as defined in the Outside the City limits Connection Policy).

- | | | |
|---|-----------|----------|
| 4. Prior written obligation, <u>proof of obligation must be attached.</u> | Yes _____ | No _____ |
| 5. Health Emergency (defined in Council Connection Policy 10/27/98)
<u>proof must be attached.</u> | Yes _____ | No _____ |
| 6. The request is certified from Lewis County that it is consistent with
the Lewis County Comprehensive Plan, <u>proof must be attached.</u> | Yes _____ | No _____ |

- | | <u>Water</u> | | <u>Sewer</u> | |
|---|--------------|-------|--------------|-------|
| | Yes | No | Yes | No |
| 7. Consistent with Ordinance 1484, related to aquifer protection? | _____ | _____ | _____ | _____ |
| 8. Will connection create an adverse impact? | _____ | _____ | _____ | _____ |
| 9. Connection is legally (regulatory/contractually) possible? | _____ | _____ | _____ | _____ |
| 10. Connection is technically possible? | _____ | _____ | _____ | _____ |
| If no, reason: _____ | | | | |

Water Recommendation: _____

Initials _____ Date _____

Wastewater Recommendation: _____

Initials _____ Date _____

Public Works Director: Approve _____ Deny _____
Public Works Director _____ Date _____

If application is approved:

Utility approval is granted contingent on water / sewer capacity being available at the beginning of construction. Capacity will be determined by the City of Centralia and Washington State Department of Health / Washington State Department of Ecology Analysis and oversight of the conveyance and treatment system. The City of Centralia shall not be held liable for damage resulting from a change in capacity conditions and such change in capacity conditions shall not give rise to any cause of action as a breach of agreement.

Approved subject to an engineered and approved set of main extension plans for water and/or sewer when applicable.

Additional comments / conditions from Public Works Department: _____

I understand the conditions of this approval: _____ Print Name: _____

Signature: _____ Date: _____

Work authorized by this application shall be completed within 180 days from the date of approval by the City. If a building permit is also required, fees shall be collected and both permits shall be obtained simultaneously. If work is not completed within 180 days or work is suspended or abandoned during the 180 day period this application shall expire and become null and void. Projects where the application has been deemed null and void shall require the issuance of a new application accompanied by the required fees and plan reviews.