



**KENTUCKY
AMERICAN WATER**

2300 Richmond Road
Lexington, KY 40502
Customer Service: (800) 678-6301
Fax: (859) 268-6315
www.kentuckyamwater.com

NEW SERVICE PROCESS

(2" and smaller)

STEP 1

To request new service we will need the following:

- Tap Application Form
- Contract or Master Agreement Number*
- State Plumbing Inspection to verify if inspection is complete
(Visit www.approvedwaterservices.com for updates)
- Tap Fee
- Backflow Prevention Survey (for non-residential services only)

Fees effective September 29, 2010:

5/8" meter	\$ 817.00
1" meter	\$1,569.00
2" meter	\$3,536.00

**You may fill out a master agreement form to avoid having to complete a contract with each application.*

STEP 2

Submit completed tap application form** and fee by mail or deliver to:

ATTN: New Services
Kentucky American Water
2300 Richmond Road
Lexington, KY 40502

STEP 3

Once all information is submitted:

- If requesting a new installation, service will be installed within 20 to 25 business days.
- If setting is already installed (dual setting), an order is sent to field representative and meter is installed within 5 to 10 business days.
- Order is returned to office and account is set up for billing.

*** Incomplete applications will be returned.*

STEP 4

To inquire or follow up on application process:

- Call and leave a message on 24-hour Tap Line at (859) 268-6379
- Fax inquiry to the attention of "New Services" at (859) 268-6315

REMEMBER: When inquiring about the status of your application, remember to leave:

- Name and contact phone number
- Address about which you are inquiring

You should receive a response or return call the same day or within 24 hours (one business day). You may also contact our Customer Service Center at 1-800-678-6301, and if they are unable to assist you (due to the process being handled locally), they will get a message to our local dispatcher who will contact you.

All new customers should call the Customer Service Center (available 24 hours a day, seven days a week) at 1-800-678-6301 to have service set up in their names. All information can be found on our Web site at www.kentuckyamwater.com.

NEW TAP APPLICATION



PLEASE COMPLETE AND RETURN TO:

Attn: New Taps
 Kentucky American Water
 2300 Richmond Road
 Lexington, KY 40502
 24-Hour Tap Line #: (859) 268-6379
 Fax #: (859) 268-6315
 www.kentuckyamwater.com

FOR OFFICE USE ONLY:			
Plumbing Permit #:			
Inspection Date:			
Customer #:		Account #:	
Premise#:			
Private Setting:	Yes	No:	
<i>If yes, inspected and approved by KAW:</i>			
WO#		Spec Conn Agrmt (or Multiple Svc Agrmt) #:	
Type of service:		Size:	
Amount Paid		Date Paid:	

IMPORTANT: This application must be completed and returned with the tap fee. Proof of inspection and approval of water service by State Plumbing Inspector required. A signed "Contract for New Service" is required unless a "Master Service Agreement" has been executed. Allow 20-25 days for service to be installed after all paperwork is received. (PLEASE NOTE: Services larger than 2" are applied for and coordinated through the New Development/Construction Department. Installation time will vary, but will be a minimum of 90 days after application is made.)

PLEASE ENSURE ADDRESS IS MARKED AND VISIBLE FROM THE STREET

The undersigned makes application for water service at Address _____
 County _____ Subdivision _____ City _____ Zip _____

and hereby requests Kentucky American Water to make a connection to its main. **Kentucky American Water will specify the location, size, kind and quality of all material entering into the service connection and will set and turn on the meter.** The undersigned has completed the following requirements for the installation of a water meter at the above address:

1. Service line has been installed to the point where the meter is to be permanently connected **and** visibly marked by the customer to identify the connection point;
2. The service line which connects the customer supply, and for non-residential service lines the testable, approved backflow prevention device, at the meter setting is _____ inch (minimum 3/4") and will require a _____-inch meter to be set (**1 1/2" and larger meters require a completed Customer Data Sheet**). The service line is at 30 inches below ground level. **Service lines up to 2"** will have Type "L" or "K" copper line installed at the connection point or affixed with a male adapter at the connection point if the customer's line is other than Type "L" or "K" copper. **Service lines larger than 2"** will have Ductile Iron pipe or C-900 plastic pipe installed to the connection point. If another type of pipe is used at the connection point, the customer is required to make the connection; and
3. This service line is equipped with an easily accessible stop and waste valve inside and near the foundation of the building being supplied.

THE UNDERSIGNED AGREES TO THE FOLLOWING:

- Comply with all rules and regulations of Kentucky American Water, as approved by the Kentucky Public Service Commission.
- Comply with local codes and ordinances in the construction, use and alteration of the plumbing system.
- If non-residential, shall install an approved backflow prevention device to avert a cross connection or backflow condition.
- Shall not create an electric shock hazard by improper electric grounding to the plumbing system. Kentucky American Water assumes no responsibility for continuity of electrical grounding systems by the installation or removal of its meter.
- Must, at all times, take necessary measures to protect the meter box, meter setting and service line and is responsible for damages to Kentucky American Water property caused by them, their contractor and/or subcontractors.

THIS METER SERVES THE FOLLOWING PREMISE TYPE (CHECK ONE):

- Residential (single premise residence, duplex or multiple premise residence where each unit is served by its own meter).
- Commercial (multiple premise residence [apartment building] served by a single meter, private educational institutions, all businesses where water is not used principally in manufacturing or processing of a product. Commercial includes laundries, hotels, motels, restaurants, bars, non-government office buildings, non-government hospitals and other medical facilities, retail shops, etc.)
- Industrial (manufacturing or processing establishments where the water is used principally in the manufacturing or processing of a product. Industrial includes factories, refineries, bottling plants, etc.)
- Other Public Authority (OPA) (municipal, county, state or federal agencies). OPA includes municipal buildings, public schools, public libraries, government hospitals, fire stations, public housing developments, etc.
- Sales for Resale (sales to private or public water utilities where the water is to be resold to the customers of the utility).

SEWER SERVICE PROVIDED BY (CHECK ONE):

- LFUCG GEORGETOWN MUNICIPAL ROCKWELL VILLAGE TREE HAVEN
- SEPTIC IRRIGATION ONLY OTHER _____ N/A (FIRE HYDRANT/FIRE SERVICE)

Owner/Builder _____

Master Agreement Number (if applicable) _____

Phone: _____ Plumber Name _____

Authorized Signature _____ Title _____ Date _____

CONTRACT FOR NEW SERVICE



**KENTUCKY
AMERICAN WATER**

2300 Richmond Road
Lexington, KY 40502
(800) 678-6301
(859) 268-6315 (FAX)
www.kentuckvawater.com

FOR KAW OFFICE USE ONLY:

Premise No.: _____ Acct. No.: _____ Customer No.: _____
Application for Special Connection No.: _____ WO No.: _____
Fire Hydrant No(s): _____ Fire Service No.: _____ Size: _____
Operations Specialist (KAW Inspector): _____

I hereby make application and authorize Kentucky American Water to place a meter and turn on the water at the following address, and I agree to pay all bills by the due date specified on the bill for water furnished to any address where I either have an interest in the ownership of the property, directly or indirectly, or have requested service, and I hereby agree to continue to be responsible for the same until I notify Kentucky American Water in writing to the contrary.

I agree to take the necessary measures to protect the meter box, meter setting and the service during the installation of new services. I will be responsible for damages to Kentucky American Water property caused by me, my contractor and/or sub-contractor during on-site construction.

I agree to abide by the local codes and ordinances in the construction, use, and alteration of my plumbing system. I shall not create an electric shock hazard by improper electric grounding to the plumbing system. I agree to install an approved, testable backflow prevention device on all nonresidential incoming lines and irrigation systems to prevent the creation of a cross connection or backflow condition.

Kentucky American Water assumes no responsibility for continuity of electrical grounding systems by the installation or removal of its meter.

I agree to abide by and comply with all rules, regulations and rates of Kentucky American Water, as approved by the Public Service Commission of the Commonwealth of Kentucky and as changed from time to time.

If, at any time, any bill owed by me to Kentucky American Water, whether collectible under this Agreement or otherwise, is not paid when due and payable, then Kentucky American Water shall have the right to discontinue the supply of water to the location.

PLEASE COMPLETE THE FOLLOWING INFORMATION (return with deposit and signed agreements)

Service Address _____

City _____ State _____ Zip Code _____

Is this a multi-unit building? Yes No If yes, how many units _____

Please check primary use of service: Residential Commercial Industrial OPA

Please check type (s) of service use (if more than one type or number, individual application is required for each service)

Domestic Irrigation Fire service -- size: _____ Fire hydrant -- quantity: _____ Other

Billing Name _____

Billing Address, if different from service address _____

City _____ State _____ Zip Code _____

Telephone number: (Home) _____ (Office) _____

Name of person filling out form _____

Contact Person _____ Phone Number _____

Do you own or lease this building? Own _____ Lease _____

Authorized Signature _____ Title _____ Date _____



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MASTER AGREEMENT FOR NEW SERVICE

Agreement Number _____

Customer Name _____

Billing Address _____

_____ Zip Code _____

Daytime Phone Number _____ Evening/Weekend Phone _____

Have you had water service with Kentucky American Water before? YES NO (Circle one)

I hereby make application and authorize Kentucky American Water (KAW) to place a meter and turn on the water for all addresses for which KAWC Tap Application is signed by me or a representative and I agree to pay all bills by the due date specified on the bill for water furnished to any address which I either have an interest in the ownership of the property, directly or indirectly or have requested service, and I hereby agree to continue to be responsible for the same until I notify KAW in writing to the contrary.

I agree to take the necessary measures to protect the meter box, meter setting and the service during the installation of new services. I will be responsible for damages to KAW property caused by me, my contractor and/or sub-contractor during on-site construction.

I agree to abide by local codes and ordinances in the construction, use and alteration of my plumbing system. I shall not create an electric shock hazard by improper electric grounding to the plumbing system and shall not create cross connection or backflow conditions.

KAW assumes no responsibility for continuity of electrical grounding systems by the installation or removal of its meter.

I agree to abide by and comply with all rules, regulations and rates of KAW as approved by the Public Service Commission of the Commonwealth of Kentucky and as changed from time to time.

If, at any time, any bill owed by me to KAW, whether collectible under this agreement or otherwise, is not paid when due and payable, then KAW shall have the right to discontinue the supply of water to all addresses for which I have submitted an application for service from KAW.

Authorized signature _____ Title _____ Date _____

Please print names of persons authorized to sign for service:

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

NAME _____

Please notify us of any changes to this authorization list.



WATER CUSTOMER DATA SHEET

Customer Name _____

Address _____

Building Address _____ Zip code _____

Subdivision _____ Lot No. _____ Block No. _____

Type of Occupancy _____

FIXTURE	NUMBER OF FIXTURES
Bathtub	
Bedpan Washers	
Combination sink and tray	
Dental Unit	
Dental Lavatory	
Drinking Fountain – Cooler	
Drinking Fountain – Public	
Kitchen Sink – 1/2" connection	
Kitchen Sink – 3/4" connection	
Lavatory Tray – 3/8" connection	
Lavatory Tray – 1/2" connection	
Laundry Tray – 1/2" connection	
Laundry Tray – 3/4" connection	
Showerhead (shower only)	
Service Sink – 1/2" connection	
Service Sink – 3/4" connection	
Urinal – Wall Flush Valve	
Urinal – Trough (2-foot unit)	
Wash Sink (each set of faucets)	
Water Closet – Flush Valve	
Water Closet – Tank Type	
Dishwasher – 1/2" connection	
Dishwasher – 3/4" connection	
Washing Machine – 1/2" connection	
Washing Machine – 1" connection	
Hose Connection (Wash Down) – 1/2"	
Hose Connection (Wash Down) – 3/4"	
Hose (50 feet Wash Down) 1/2"	
Hose (50 feet Wash Down) 5/8"	
Hose (50 feet Wash Down) 3/4"	

BACKFLOW PREVENTION SURVEY
(For non-residential customers)

Please complete and return this survey with your tap application so that we can determine the appropriate back flow device requirements for your new service. Should you have any questions or need assistance in completing this survey please call (859) 268-6310.

<p>Please answer the following questions if your service request is for Commercial, Industrial, or Public Authority Account</p>	<p>Please answer the following questions if your service request is for Fire Protection</p>
<p>Please check the box or boxes that best describes the use of water with your facility:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Typical, such as bathrooms, drinking fountains, outside water faucets, household laundry or dishwashing appliances <input type="checkbox"/> Private well(s) supplying any part of your facility <input type="checkbox"/> Piped into a manufacturing process <input type="checkbox"/> Piped into a chemical process <input type="checkbox"/> Piped, underground lawn irrigation system <input type="checkbox"/> Piped into a swimming pool <input type="checkbox"/> Piped into water operated/cooled equipment/appliances 	<p>Please check the box or boxes that best describes your fire protection account:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This account serves private hydrants only (no fire sprinkler system in facility) <input type="checkbox"/> This account serves an installed fire sprinkler system <input type="checkbox"/> Fire sprinkler system has outside fire department connections for pumping into the system <input type="checkbox"/> Fire sprinkler system contains antifreeze or other chemicals <input type="checkbox"/> Fire sprinkler system is also supplied by an auxiliary source of water (i.e., pond, reservoir, or storage tank)
<p>Please check the types of backflow prevention devices installed on your plumbing system. Residential Dual Check valves are not acceptable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Reduced Pressure Zone device (RPZ) <input type="checkbox"/> Testable Double Check Valve (DCV) <input type="checkbox"/> Pressure Vacuum Breaker (PVB) –for use on underground irrigation systems only <input type="checkbox"/> Other _____ 	<p>Please check the types of backflow prevention devices installed on your sprinkler system if applicable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Reduced Pressure Zone device (RPZ) <input type="checkbox"/> Double Detector Check Assembly (DDCA) <input type="checkbox"/> Testable Double Check Valve (DCV) <input type="checkbox"/> Other _____

IMPORTANT: If backflow prevention devices are installed on your plumbing/fire sprinkler system, they are required to be tested annually and copies of the test reports must be maintained on file with Kentucky American Water. If you do not have current copies of the test reports on file with us, please attach copies of the test(s) to this survey.

<p align="center">_____ Date</p>	<p align="center">_____ Signature of person completing survey</p>	<p align="center">_____ Phone Number</p>
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Please mail or fax completed survey to: Kentucky American Water
2300 Richmond Rd.
Lexington, KY 40502
Attn. Cross Connection Supervisor