

Sanitary Board
Village of Barboursville

721 CENTRAL AVENUE • P. O. BOX 266
BARBOURSVILLE, WEST VIRGINIA 25504-00256
PHONE (304) 736-8994

APPLICATION FOR SEWER TAP

DATE _____

Name of the person owning the lot of portion thereof to be serviced:

Name of the street or other place thereof to be serviced: _____

Location with the number of block: _____

Exact location where such sewer opening or tapping shall be made or constructed: (attach drawing) _____

This application must be filled out and returned to the Village Recorder (secretary of sanitary board) before a sewer tap permit may be issued.

All applicants must comply with article V of the City Code in every detail.

Article V is attached to application.

Out of City Limits, a Map Must Be Submitted

Date tap is to be made: _____

Sanitary Board President

Approval Date: _____

Sanitary Board

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SANITARY SEWER TAP SPECIFICATIONS ARTICLE V

1. Each property owner connecting to the system must obtain a permit from the Sanitary Board to connect by completing an application for permit and pay the tap fee of \$972.00. (section 5)
2. PLEASE.....DO NO CONNECT.....to the system at this time. You will be notified by separate letter to connect when the system is ready to be placed into service. You may, however, get the service line placed from your residence to a joint adjacent to your service tap.
3. Your service line from the building to the service tap shall be a minimum of six (6) inches in diameter, having a minimum of ¼ inch per foot. One of the following types of pipe shall be used:
 - (a) Medium weight ductile class 50 iron pipe or cast iron pipe with O-ring rubber joints or no-hub connectors;
 - (b) Schedule 40 polyvinyl chloride (PVC) sewer pipe meeting ASTM D-2665 or O-Ring rubber joint PVC pipe meeting ASTM D-3034 SDR 35; or
 - (c) Schedule 40 ABS pipe meeting ASTM D-2661 or ASTM P-628.
4. DO NOT place your service line in the he same trench with any gas and/or water line and minimum of ten feet from your water line. Adequate soil cover to protect your service line from crushing or frost action (freezing) is required. (Minimum of eighteen (18) inches cover.) (Section 6, "a" and "e".)
5. DO NOT connect roof downspouts, foundation drains or other sources or surface runoff or groundwater to your service line. (Section 6g)
6. Please contact the Sanitary Board office when you have the service line placed in the trench so that a representative of the Sanitary Board may inspect the line. DO NOT COVER THE LINE.

After you contact the office requesting inspection, we will try to inspect the line before the close of business the or the next business day.

If you have any questions or a problem in locating your service tap, please contact our office at 736-8995.