

# Lumberton Municipal Utility District

## Application for PLUMBING PERMIT

Date \_\_\_\_\_ Phone No. \_\_\_\_\_ Account No. \_\_\_\_\_  
 Owner or Builder \_\_\_\_\_ Plumber or Person Applying for Permit \_\_\_\_\_  
 Job Location \_\_\_\_\_ Blk. No. \_\_\_\_\_ Lot No. \_\_\_\_\_

### 24-HOUR NOTICE REQUIRED ON ALL INSPECTIONS NEW CONSTRUCTION PERMIT

**\$12.00 Minimum Permit Fee (includes trailer / water / sewer lines) ...** \_\_\_\_\_

- |   |  |
|---|--|
| _____ Toilets or Urinals @ \$2.50 ea .....  | _____ Drinking Fountains @ \$2.50 ea .....         |
| _____ Tubs or Showers @ \$2.50 ea .....     | _____ Grease Interceptors @ \$2.50 ea .....        |
| _____ Sinks or Lavatories @ \$2.50 ea ..... | _____ Wash Racks @ \$5.00 ea .....                 |
| _____ Water Heaters @ \$3.00 ea .....       | _____ Sump Pump @ \$2.50 ea .....                  |
| _____ Floor Drains @ \$2.50 ea .....        | _____ Backflow Prevention Device @ \$2.50 ea ..... |
| _____ Washing Machine @ \$2.50 ea .....     | _____ Thermal Expansion Device @ \$2.50 ea .....   |

**New Construction Permit TOTAL COST:** \_\_\_\_\_

<b>Permit Extension:</b>	<b>Date</b> _____	<b>Fee</b> _____
<b>Re-inspection:</b>	<b>Date</b> _____	<b>Fee</b> _____
<b>Re-inspection:</b>	<b>Date</b> _____	<b>Fee</b> _____

New Construction – DATE CALLED IN	INSPECTION DATE	Trailer – DATE CALLED IN																																												
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**Name of PWS** Lumberton Municipal Utility District

**PWS ID #** 1000035

**Location of Service** \_\_\_\_\_

I, \_\_\_\_\_, upon inspection of the private plumbing facilities connected to the aforementioned public water supply do hereby certify to the best of my knowledge:

	Compliance	NonCompliance
(1) No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with the state plumbing regulations. Additionally, all pressure relief valves and thermal expansion devices are in compliance with the state plumbing code.	<input type="checkbox"/>	<input type="checkbox"/>
(2) No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow prevention device tester.	<input type="checkbox"/>	<input type="checkbox"/>
(3) No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.	<input type="checkbox"/>	<input type="checkbox"/>
(4) No pipe or pipe fitting which contains more than 8.0% lead exists in private plumbing facilities installed on or after July 1, 1988.	<input type="checkbox"/>	<input type="checkbox"/>
(5) No solder or flux which contains more than 0.2% lead exists in private plumbing facilities installed on or after July 1, 1988.	<input type="checkbox"/>	<input type="checkbox"/>
(6) No plumbing fixtures is installed which is not in compliance with a state approved plumbing code.	<input type="checkbox"/>	<input type="checkbox"/>

Water service shall not be provided or restored to the private plumbing facilities until the above conditions are determined to be in compliance

I further certify that the following materials were used in the installation of the plumbing facilities:

Service Lines:	Lead <input type="checkbox"/>	Copper <input type="checkbox"/>	PVC <input type="checkbox"/>	Other <input type="checkbox"/>
Solder:	Lead <input type="checkbox"/>	Lead Free <input type="checkbox"/>	Solvent Weld <input type="checkbox"/>	Other <input type="checkbox"/>

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Signature of Inspector \_\_\_\_\_ License Number \_\_\_\_\_  
 Date \_\_\_\_\_ Type of License \_\_\_\_\_