

NORTHWESTERN WATER AND SEWER DISTRICT  
SEWER TAPPER APPLICATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Company representative taking test: \_\_\_\_\_

\_\_\_\_\_  
Describe your construction experience: \_\_\_\_\_

\_\_\_\_\_  
1. Have you ever installed a sanitary sewer main? As a Prime contractor? For whom? \_\_\_\_\_

\_\_\_\_\_  
2. Have you ever installed a sanitary sewer lateral? As a prime contractor? For whom?

\_\_\_\_\_  
3. Have you ever installed a sanitary sewer low pressure system (grinder pump)? As a prime contractor? For whom? \_\_\_\_\_

\_\_\_\_\_  
4. Do you hold any licenses/certifications from other governmental agencies to install sanitary sewers? Which agencies/contact information. \_\_\_\_\_

\_\_\_\_\_  
Provide two (2) references who can verify your sanitary sewer construction experience.

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
DISTRICT COMMENTS:      Passed Test:            Yes            No

1. Sanitary Sewer Experience: \_\_\_\_\_

2. References: \_\_\_\_\_

3. Other: \_\_\_\_\_