

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 for 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: _____