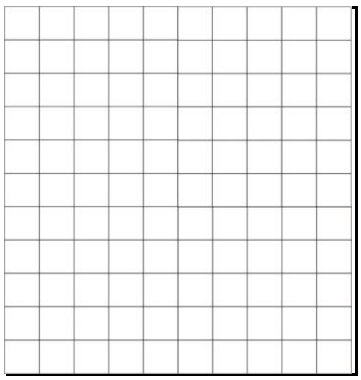
Service Review

BARTLETT & WEST
SERVICE. THE BARTLETT & WEST WAY.

TO BE COMPLETED BY WATER SUPPLIER

Please indicate location of the meter on this 1/4 Section Block.



NE NW SE SW 1/4 Section

Water Supplier's Name: _____

Applicant's Name: _____

Date: _____

Section _____ **Township** _____ **Range** _____

Is this a typical domestic user? ❑ Yes ❑ No

If not, please estimate gallons used per month: _____

COMMENTS:

TO BE COMPLETED BY ENGINEER

Distance from Existing Pipe Line _____ **Meter Elevation** _____

Expected Pressure: Maximum _____ **psi; Minimum** _____ **psi**

Recommended for Service? ❑ Yes ❑ No

Pressure Regulator? ❑ Recommended ❑ Not Necessary

COMMENTS:

The maximum and minimum pressures are estimated based on conditions as of the date of the Service Review. These pressures may change with future additions and changes to the system.

REVIEWED BY _____ **Date:** _____

P.N. 3952.2