

LUBECK

Public Service District

P.O. Box 700, Washington, West Virginia 26181-0700

Telephone 304-863-3341
 Facsimile 304-863-3791

Request for Swimming Pool Sewer Adjustment

Customer Information:

Request Date: _____	Account #: _____	Daytime Phone: _____
Applicant Name: _____		Email: _____
Service Address: _____		

Fill Information:

Fill Start Date: _____	Fill End Date: _____	Full Fill: <input type="checkbox"/> Yes <input type="checkbox"/> No	Partial Fill: _____ Feet _____ Inches
Type of Pool:	In-ground <input type="checkbox"/>	Above-ground <input type="checkbox"/>	
Shape and Pool Dimensions <i>(Please attach sketch or a copy of manufacturer's pool specifications)</i>			
Pool Shape:	<input type="checkbox"/> Rectangular	<input type="checkbox"/> Circular	<input type="checkbox"/> Oval <input type="checkbox"/> Oblong <input type="checkbox"/> Other
<i>Other, Brief Description</i> _____			
Pool Dimensions:	Length: _____ ft. Width or Diameter: _____ ft. Small Diameter (<i>oblong only</i>): _____ ft.		
Depth of Pool:	Shallow End: _____ ft. Deep End: _____ ft.		Rated Capacity of Pool: _____ gals. <small>(provided by the manufacturer)</small>

Sewer Information:

Is pool connected to or drained to sanitary sewer system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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The undersigned hereby agrees to the following:

1. I understand Lubeck Public Service District reserves the right to deny any request and that the submission of this form does not guarantee that an adjustment will be issued.
2. I understand that a sewer adjustment, if applicable, will/may appear on a subsequent bill after the occurrence and the billing of the sewer charge.
3. Only one sewer adjustment is allowed per calendar year for this request.

Signed: _____ Date: _____

Lubeck Public Service District is an equal opportunity provider and employer.

www.lubeckpsd.com