

CROSS LAKE AREA WATER AND SANITARY SEWER DISTRICT
APPLICATION FOR SEWER SERVICE CONNECTION

A FEE OF \$235.00 PAYABLE TO CLAWSSD IS DUE WITH APPLICATION

DATE OF APPLICATION ____ - ____ - ____

PARCEL ID # (From Tax Statement) _____

JOB SITE ADDRESS _____

LEGAL DESCRIPTION: LOT ____ BLOCK ____ SECTION ____ TOWNSHIP ____ RANGE ____

OWNER: _____ PHONE # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ALL SEWER CONNECTIONS MUST BE MADE BY LICENSED CONTRACTOR

CONTRACTOR: _____ PHONE _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____

MDH BOND / LICENSE NUMBER _____ EXPIRATION DATE _____

ESTIMATED-STARTING DATE: _____ COMPLETION DATE : _____

APPLICANT: (CIRCLE ONE) OWNER CONTRACTOR AUTHORIZED AGENT

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. THE
WORK WILL BE PERFORMED IN ACCORDANCE WITH THE ORDINANCES OF THE
CROSS LAKE AREA WATER AND SANITARY SEWER DISTRICT, STATE OF
MINNESOTA AND LOCAL CODES

APPLICANT'S SIGNATURE: _____

WAIVER FOR CROSS LAKE AREA WATER AND SANITARY SEWER DISTRICT

BY SUPPLYING SEWER SERVICE TO MY HOME, CABIN OR OTHER STRUCTURE, THE CROSS LAKE AREA WATER AND SANITARY SEWER DISTRICT ASSUMES NO RESPONSIBILITY OR LIABILITY TO THE HOMEOWNER OR OCCUPANTS FOR PROBLEMS CAUSED BY THE IMPROPER INSTALLATION OF DRAIN, WASTE, OR VENT PIPES INSIDE OF THE HOME, CABIN OR OTHER STRUCTURE. I /WE AGREE TO RELEASE THE DISTRICT OF ALL LIABILITY FOR ANY PROBLEMS THAT MAY RESULT DUE TO FAULTY PLUMBING INSIDE OF THE HOME, CABIN OR OTHER STRUCTURE.

SIGNED: _____ DATE: _____

UPON COMPLETION OF THE SERVICE CONNECTION, THE CONTRACTOR WILL CONTACT THE DISTRICT'S PLUMBING INSPECTOR AND MAKE ARRANGEMENTS FOR A FINAL INSPECTION OF THE CONNECTION. THE CONTRACTOR WILL ALSO PROVIDE THE INSPECTOR WITH AN "AS BUILT" DIAGRAM TO INCLUDE LOCATION OF THE LINE, DISTANCE FROM THE PROPERTY LINE AND DEPTH.

QUESTIONS: CLAWSSD @ 320-390-0372

CROSS LAKE AREA WATER AND SANITARY SEWER DISTRICT

FINAL INSPECTION

THIS PAGE IS TO BE RETAINED BY THE OWNER / CONTRACTOR AND PRESENTED TO THE
INSPECTOR UPON FINAL INSPECTION

FOR FINAL INSPECTION CONTACT AMY THOMPSON @ 320-980-0235

Diagram As Built

Job Site Address _____

Property ID# _____

Owner _____

Contractor _____

Inspector _____

Final Inspection Completed (date) _____