



50 Water Lane - PO Box 97, Seekonk, MA 02771
Phone: 508-761-8170 Fax: 508-761-9928

WATER MAIN APPROVAL

NAME:

LOCATION:

1. Water main application **MUST** be filed with the District.
2. A road-opening permit **MUST** be obtained from the Town of Seekonk and a copy delivered to this office prior to any scheduling of work.
3. Shop drawings of all water works material **MUST** be submitted to this office; marked by size, type, class & direction of opening and approved by the District prior to any scheduling of work.
4. Excavation(s) relating to the installation of water works materials within any Town of Seekonk roadway layout or Water District easement(s) **MUST** be performed by a contractor approved by the Seekonk Water District.
5. The contractor **MUST** supply adequate signage and warning devices to the satisfaction of the Seekonk Police Department and/or the Seekonk Department of Public Works prior to any excavation.
6. Prior to the installation of the tapping sleeve, the exterior of the existing water main and the interior of the tapping sleeve and valve must be thoroughly cleaned and disinfected with chlorine.
7. **ALL** "PUSH-ON" type joints require two (2) bronze wedges per joint.
8. Grade stakes with finish elevations **MUST** be installed every **fifty (50) feet** and maintained during the duration of the work.
9. **ALL** water mains **MUST** have a minimum of twelve (12) inches of clearance between any drainage structure and drainage piping.
10. **ALL** water mains **MUST** be installed with a minimum of **five (5) foot of cover** and **under the "sidewalk" area**.
11. **ALL** new water mains **MUST** pass both an approved pressure test and disinfection (AWWA C651-latest revision, "**Continuous Feed Method**") prior to the installation of any

water services. If the chlorine residual in the new water main(s) exceeds 2 mg/l after twenty-four hours, the water being flushed must be neutralized in accordance with AWWA C651 (latest revision). The Seekonk Water District will determine the number and locations of bacterial samples.

12. Water service(s) **WILL NOT** be installed until the Water District Office receives the original written report from a Massachusetts State Approved Laboratory, RE: bacteria results for drinking water.
13. The locations of the septic system areas for each lot **MUST** be known before any water service(s) are installed.
14. The curb stop(s) and box(s) will be located approximately one (1) foot from property line towards center of layout.
15. The District **MUST** receive a minimum of 48 hours notice as to the date when work on the water system is to commence.
16. The location of the tapping sleeve & valve will be determined in the field.
17. **ALL** one (1) inch corporation taps will be performed by the “**direct tap**” method, no saddle taps will be allowed.
18. The water main, fittings and hydrant laterals shall be **polyethylene encased with V-BIO** in any instance where the water system appurtenances may be installed within the seasonal high groundwater table.
19. **ALL** applicable fees for this project **must** be paid in full to the Seekonk Water District prior to any tie-in to the Seekonk Water District distribution system.

**APPROVED SEEKONK
WATER DISTRICT**

Chairman

Vice Chairman

Secretary

Date

CHECK LIST

a) Date water application filed: _____

b) Name, address & telephone number of contractor:

c) Copy of town "ROAD OPENING" permit: (_____) yes (_____) no

d) Materials-manufacture & size:

Tapping Sleeve(s) _____

Tapping Valve(s)

Gate Valve(s) _____

Gate Box(s) _____

Hydrant(s) _____

Fitting(s) _____

Water Main _____

Corporation(s) _____

Curb Stop(s) _____

Curb Box(s) _____

Water Service Tubing _____