

TOWN OF BEDFORD
DEPARTMENT OF PUBLIC WORKS



314 THE GREAT ROAD
BEDFORD, MASSACHUSETTS 01730
TEL: 781-275-7605
FAX: 781-275-9010

Revised 01/25/2023

WATER SERVICE APPLICATION REQUIREMENTS

1. The applicant must complete the attached water services Application.
2. The applicant must obtain a separate permit from the Bedford Code Enforcement office.
3. The applicant must purchase the approved water meter(s). The residential meters must be 5/8" Neptune Model T-10 with E_CODER. For non-residential meters, contact Ti-Sales for sizing requirements depending on your property's usage. These meters are available from Ti-Sales, Inc., 35 Hudson Road (Rt 27) in Sudbury, MA. Ph: (978) 443-2022.
4. Irrigation systems must have an approved Backflow Prevention Device.
5. All connections must be compression or flair, no sweat joins.
6. All meters must be accessible to Water Division personnel for future change outs or repairs.
7. There must be continuous length of copper pipe from the water meter to an outside sill cock for the purposes of providing continuity, so that the Water Division personnel can locate the buried water service.
8. For condominiums being formed after July 1, 1995, separate water and sewer services must be provided from the street mains to the new units.
9. Check proper meter installation requirement/diagrams at:

<https://www.bedfordma.gov/DocumentCenter/View/2125/Schematic-for-Water-Meters-PDF>

By signing below, I hereby acknowledge that I have completely read, understand and agree to the requirements listed above. I have also reviewed the water main meter connection sketch as identified above.

Applicant Signature: _____ Date: _____

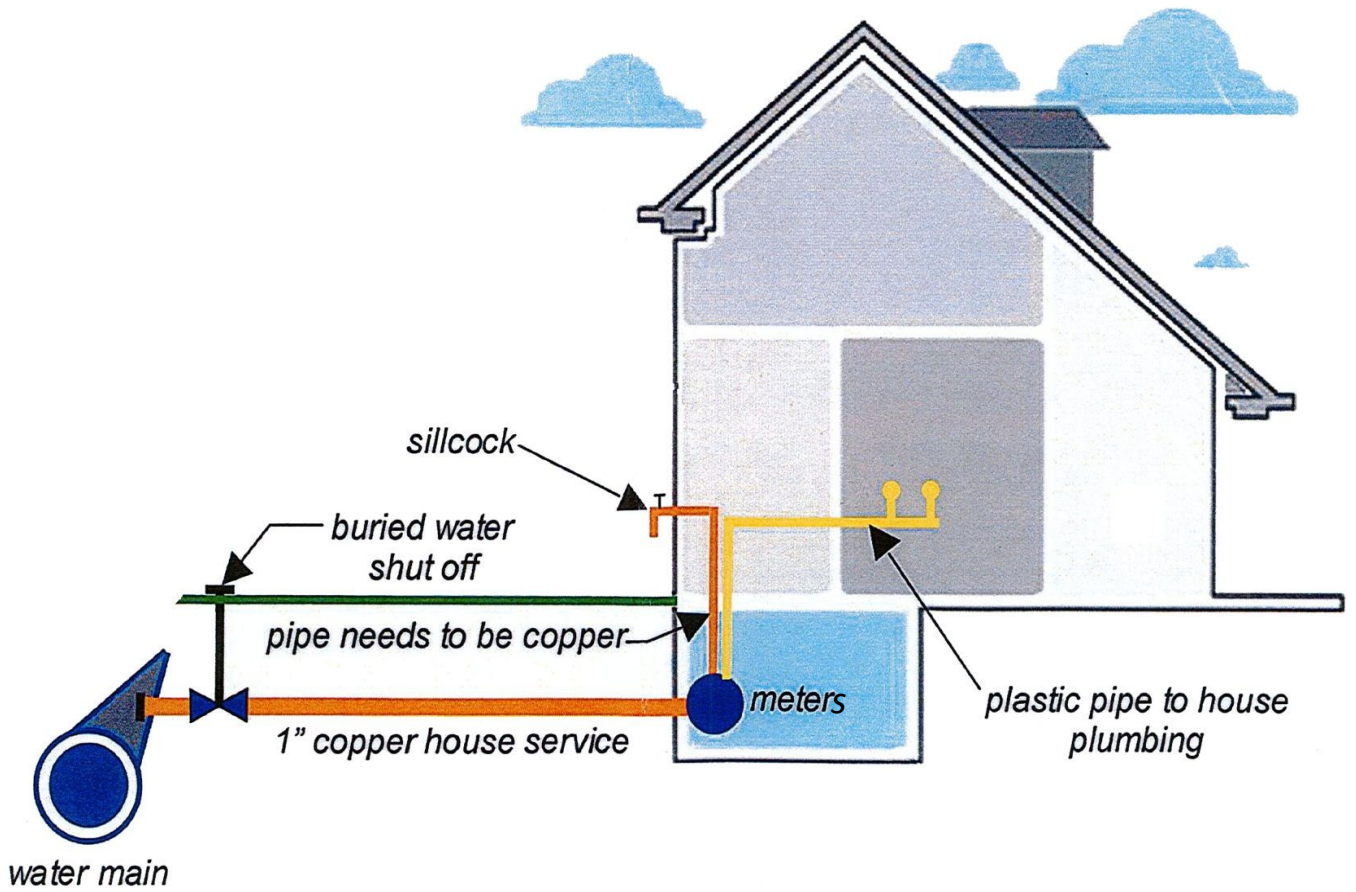
Name and address of Applicant, if different from Contractor/Developer/Plumber:

Name: _____

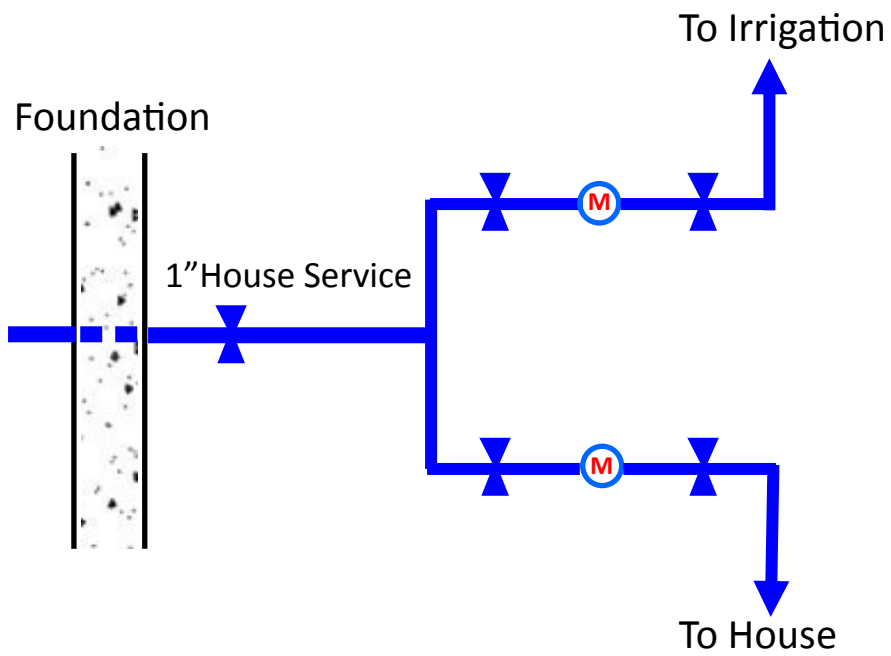
Address: _____

Phone: _____ Email: _____

Water Main Meter Connection



(Not to Scale)



Town of Bedford Department of Public Works
314 The Great Road Bedford, MA 01730
Phone (781) 275-7605 Fax (781) 275-9010



APPLICATION FOR ALL WATER SERVICES

SECTION 1 – SITE INFORMATION

1.1 – PROPERTY OWNER INFORMATION

Address:

Residential _____ Non-Residential _____

Phone #:

Email: _____

Owner's Name / Owner's Agent Name:

Address if different from Work location:

1.2 – DEVELOPER INFORMATION

Contact person or firm conducting the proposed work:

Address:

Contact phone #

Email:

1.3 – EXCAVATOR INFORMATION (if applicable)

Name of person or firm excavating the site:

Address:

Contact phone#

Dig Safe #

Email:

1.4 – PLUMBING INFORMATION (if applicable)

Contact person or firm performing plumbing work:

Address:

Contact phone#

Email:

1.5 – DESCRIPTION OF PROPOSED WORK – ATTACH APPLICABLE PLANS

In consideration of the granting of this permit, the undersigned agrees:

1. To accept and abide by all provisions of the Town of Bedford General Bylaws and of all other pertinent bylaws or regulations that may be adopted by the Town of Bedford.
2. To maintain the water to the street shutoff at no expense to the Town of Bedford.
3. To pay all appropriate fees, inspection fees and betterment fees prior to the issuance of the water permit.
4. To notify the Department of Public Works when the water service or meters are ready for inspection.

Signed: _____ Date: _____

Name and address of Applicant if different from Contractor/Developer/Plumber:

Name: _____ Address _____

Phone: _____ Email: _____

SECTION 2 – SERVICE REQUESTED

SERVICE	FEES
___ WATER SHUT OFF AT CURB	\$50.00
___ WATER TURN ON AT CURB	\$50.00
___ WATER CONNECTION – NEW SERVICE	\$1,000.00
___ WATER CONNECTION INSPECTION – NEW CONSTRUCTION, CUT & CAP AND DEMOLITION	\$50.00
___ WATER METER INSPECTION – DOMESTIC	\$50.00
___ WATER METER INSPECTION – IRRIGATION	\$50.00
___ WATER METER INSPECTION – OTHER	\$50.00
TOTAL DUE	\$ _____

**** All fees are due at the time this application is submitted****

Plot Plans and Certificates of Insurance, as well as a \$5000.00 street opening bond from the excavator are required and should be attached to this application if not already on file with the DPW.

THIS SECTION FOR OFFICE USE ONLY	
Account # _____	
Date of Turn OFF: _____	Water Operator: _____
Date of Turn ON: _____	Water Operator: _____
Location of Water Meters: _____	

Application Status: Approved _____	Denied _____
Signed: _____	_____
Director of Public Works	Date