REQUEST FOR HYDRANT USE FORM

Hydrant use available March 15 through November 15 (weather permitting)

Hydrant Location: 19 Saddle Road, Cedar Knolls, NJ 07927

DATE OF APPLICATION: _____

COMPANY NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

HOME/OFFICE PHONE: _____ CELL: _____ EMAIL: _____

CONTACT PERSON(S): _____

Hydrant Permit Fees (effective 2025): Usage fee of $208.57 per month or any portion thereof. Payment due upon receipt.

FOR USE:

☐ March   ☐ April   ☐ May

☐ June   ☐ July   ☐ August

☐ September   ☐ October   ☐ November

Amount due will be $208.57 times the number of months checked off.

1. The applicant certifies that the use of the SMCMUA's hydrant will fully comply with the protection against backflow and back siphonage requirements of the latest editions of the National Standard Plumbing Code; the BOCA Plumbing Code; the Plumbing Subcode of the NJ State Uniform Construction Code; AWWA M14,; and the NJAC 7:10 Safe Drinking Water Act as applicable.
2. Hookup hoses must be in good condition (not leaking) and connections secure. SMCMUA reserves the right to refuse hydrant use if there is leakage as a result of faulty hoses.
3. The payment for, and use of, temporary water shall in all respects be subject to the SMCMUA's Rules and Regulations now in effect or as may be adopted in the future.
4. The applicant agrees to hold the SMCMUA harmless and accept full liability for any damages, injuries, or illnesses caused directly or indirectly by the use of this hydrant or by failure to comply with applicable code requirements.
5. Non-compliance with the rules and regulations set forth shall result in discontinuance of service and loss of applicable fees.

Applicant shall pay required fees as per Schedule 11 of the SMCMUA's Rules and Regulations.

Submitted by: _____(name printed)   _____(signature)

I certify that I have personally examined and am familiar with the information submitted in this document.

FOR SMCMUA USE ONLY

Approved by: _____(name printed)   _____(date)

Account number: _____