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RESIDENTIAL REPLACEMENT WATER & SEWER SERVICES

Municipality: _____ Date: _____

Site Address: _____ Phone#: _____

Applicant Name: _____

Contractor Name: _____ Phone# _____

WATER SERVICE: Public Well

TYPE: Copper K Tubing (size) _____ Other _____

BACKFLOW PREVENTER: Existing Adding Type: _____

THERMAL EXPANSION TANK: Existing Adding Location: _____

ELECTRICAL GROUNDING: Existing Adding

TEST TYPE: Working water pressure Air test (street pressure)

SEWER SERVICE: Public Septic

PIPE MATERIAL: _____ Pipe Size: _____

CLEANOUTS: 100 FEET APART AND AT EVERY CHANGE OF DIRECTION 90 DEGREES
(Or 50 feet if local ordinance requires)

Other _____

TEST TYPE: Water (10 head of water) REQUIRED BY CODE

Air (5psi) WHERE WATER IS *TECHNICALLY INFEASABLE* TO DO