

**SOUTHWEST LICKING COMMUNITY WATER & SEWER DISTRICT**

P.O.Box 215 Etna, Ohio 43018  
69 Zellers Lane Pataskala, Ohio 43062  
Phone (740)927-0410 Fax (740)927-4700

**NEW LAWN WATERING PROGRAM**

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State, ZipCode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Date Lawn Watering to Begin: \_\_\_\_\_

*I hereby request consideration for an abatement of sanitary sewer charges resulting from a temporary increase in my water consumption due to the establishment of a new lawn.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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(To be completed by SWLCWSD)

Evidence of New Sod/Seed: \_\_\_\_\_

Evidence of New Build: \_\_\_\_\_

Month One Read Date: \_\_\_\_\_ Reading: \_\_\_\_\_

Consumption Over 3,000 gallons: \_\_\_\_\_ Sanitary Sewer Rate: \$ \_\_\_\_\_ / 1000 gallons

Adjustment: \_\_\_\_\_ ( \$ \_\_\_\_\_ ) Adjustment Entered By: \_\_\_\_\_

Month One Read Date: \_\_\_\_\_ Reading: \_\_\_\_\_

Consumption Over 3,000 gallons: \_\_\_\_\_ Sanitary Sewer Rate: \$ \_\_\_\_\_ / 1000 gallons

Adjustment: \_\_\_\_\_ ( \$ \_\_\_\_\_ ) Adjustment Entered By: \_\_\_\_\_

Month One Read Date: \_\_\_\_\_ Reading: \_\_\_\_\_

Consumption Over 3,000 gallons: \_\_\_\_\_ Sanitary Sewer Rate: \$ \_\_\_\_\_ / 1000 gallons

Adjustment: \_\_\_\_\_ ( \$ \_\_\_\_\_ ) Adjustment Entered By: \_\_\_\_\_