

DAY OF WEEK (CIRCLE) SU M T W TH F SA	<b>DISTRICT OF COLUMBIA</b> <b>WATER AND SEWER AUTHORITY</b> <b>TAP CARD</b>	DATE:  LPRAP
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1	INSTALLATION TYPE	PUBLIC/PRIVATE OR PRIVATE-ONLY (CIRCLE)
2	PREMISE #	
3	Address of Residence	
4	Plumber Name and License #	
5	DCRA Permit Number	

6	Test Pit Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7	Existing	<b>PUBLIC</b> <b>Meter to Curb-Stop</b>	<b>PRIVATE</b> <b>Curb-Stop to House</b>
	Material Type	L / C / B / G / DI / PVC (Lead/Copper/Brass/Galvanized/Ductile Iron/PVC)	L / C / B / G / DI / PVC (Lead/Copper/Brass/Galvanized/Ductile Iron/PVC)
	Size	¾ - 1 - 1¼ - 1½ - 2	¾ - 1 - 1¼ - 1½ - 2

8	Installed	Size of Curb Stop	¾ - 1 - 1¼ - 1½ - 2
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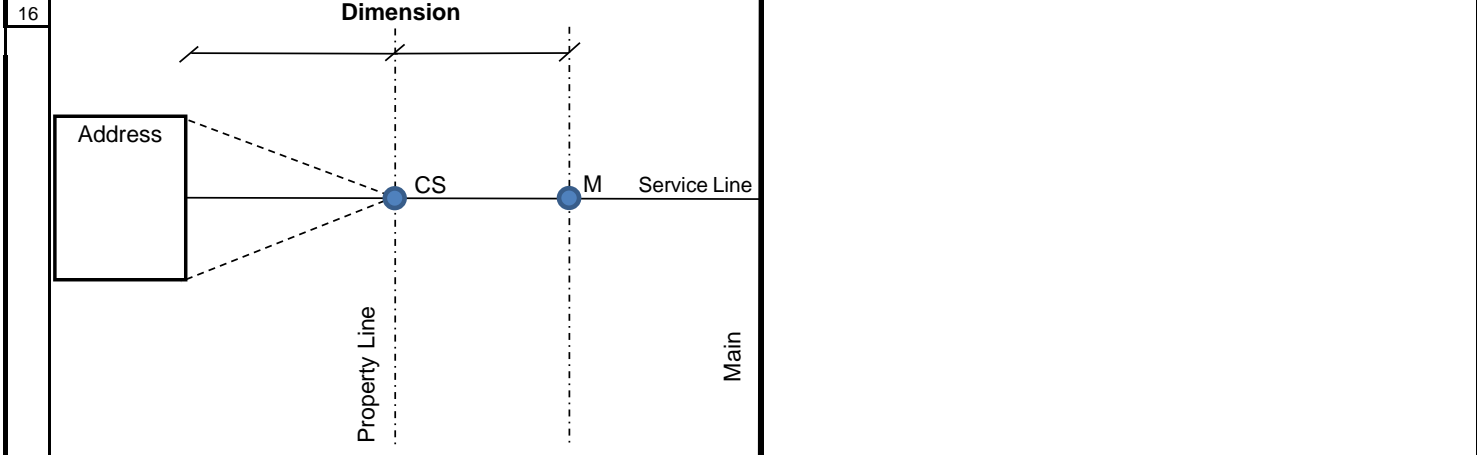
9	Location of Curb-Stop (Ties)	Left Corner of House to CS	LF	Right Corner of House to CS	LF
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10	Pipe	Meter to Curb-Stop	LF	Curb-stop to House	LF
11	Replaced			Inside house	LF
12		<b>Public side Total</b>	<b>LF</b>	<b>Private side Total</b>	<b>LF</b>

13	Existing Service Line	Removed?	If No, provide length of pipe abandoned in place.	LF
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14	New Service Line	Flushed?	If No, why?
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15	Additional Remarks
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17	PLUMBERS SIGNATURE	DC WATER INSPECTOR SIGNATURE
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18	DATE	DATE
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