APPLICATION FOR WATER SERVICE

10.00

TO: AURORA WATER DEPARTMENT

AURORA, COLORADO 0-31 29 30 ~~70~~ 70-6

3658

No. 13363

AURORA, COLORADO, 11-6 19 73

I hereby make application for a 4" Line"

water service to supply ~~1500 S. Wheeling St.~~ Dept.

1501 S. Potomac St.

Lot Block (add. Assigned by Planning)

Addition Aurora Comm. Hospital

Jerry Sanchez verified F.P. is 6"

Signed GULF AUTOMATIC SPRINKLER CO

BY: Michael Kastner

Owner of Main

WRITTEN RELEASE REC'D Yes ☐ No ☐	FEET @ $ /FT.	$
Water Development Fee		
Water Tap Fee	To be Billed	
Meter Costs $	Tax $	
Construction Water		
	Total Due	

Payments: Billed 11-13-73

1)	DATE	INITIALS	$
2)	DATE	INITIALS	$
3)	DATE	INITIALS	$

FORM NO. 800-33

FIELD/PERMANENT FILE COPY

COMPLETE IN FULL

Date 11-9 1973

Materials:			TOTALS
~~METER NO.~~	8X4" Tapping Saddle		$ 144 00
~~CORPORATION.~~	4" M.J. Tapping Valve.		76 80
COPPER	FEET @ $	/FOOT	
~~YOKE~~	27" Valve Box Top		13 43
PIT	36" " "	Bottom	948
HOOD			
		Total Materials	$ 243 71

Labor: NAME (s)	HOURS @ $ RATE		
1) Mosher	4	4.85	$ 19 40
2) Karber	"	5.19	20 76
3) Madden	"	4.22	16 88
4) Leblanc	"	4.53	18 12
5) Vick	"	3.67	14 68
6) Dronwing	"	3.44	13 76
		Total Labor	$ 103 60

Equipment:	HOURS @ $ RATE		
TRACTOR 513	4	10.30	$ ~~41 20~~
PICKUP 478-548	"	5.60	22 40
DUMP TRUCK 486	"	13.00	52 00
~~PUSHER~~ 436	"	5.70	22 80
TAPPING MACHINE			15 00
TAMPER 562	1	8.50	8 50
		Total Equipment	$ 161 90
		Total Materials, Labor, & Equipment	$ 509 21

Location of meter _____ feet from (N.S.E.W.) flow line of _____

Location of tap 3 feet (N.S.E.W.) of (N.S.E.W.) ~~flow line~~ of Bldg. STREET STREET

and _____ feet (N.S.E.W.) of meter

APPLICATION FOR WATER SERVICE

TO: AURORA WATER DEPARTMENT

AURORA, COLORADO

No. 13363

AURORA, COLORADO, 11-6 19 73

I hereby make application for a 4 "Fire"

water service to supply 1500 S. Wheeling Cty.

Lot Block

Addition Aurora Comm. Hospital

Jerry Sanchez verified this is a 6" F.P. 8/10/92 B.C.

Signed GULF AUTOMATIC SPRINKLER CO

BY: Michael Gastner

Owner of Main

WRITTEN RELEASE REC'D Yes ☐ No ☐ FEET @ $ /FT.	$	
Water Development Fee		
Water Tap Fee to be Billed		
Meter Costs $ Tax $		
Construction Water		
Total Due		

Payments:

1)	DATE	INITIALS	$	
2)	DATE	INITIALS	$	
3)	DATE	INITIALS	$	

FORM NO. 800-33

FOLLOW-UP COPY

CITY OF AURORA

THIS IS NOT AN EXCAVATION PERMIT. SUCH PERMIT MUST BE OBTAINED FROM ENGINEERING DEPT. BEFORE WORK IS COMMENCED.

SEWER SERVICE TAP PERMIT

AURORA SANITATION DEPARTMENT

Date 5-3 19 82

Issued To _____

Master Plumber, License No. Mt States Const

Property Owned By Aurora Community Hospital

Address of Connection 1501 S Potomac St

Lot 1 Block 1 Addition Aurora Community Hosp

Size of & Material in Service _____

Type of Service - S.F. _____ Other Aurora Community Hospital

Connection Fees: To _____

_____ ft. @ $ _____ fr. ft $ _____ Pd. _____

Sewer Development: 3 addl WC @ 265. 795.00 Pd. 3/27/84

2 WC $ 450.00 Pd. 4-27-82

Inspection Fees: $ 10.00 Pd. 4-27-82

Storm Drainage Fee: $ _____ Pd. _____

Other _____ $ _____ Pd. _____

Aurora Sanitation Dept.

By HS

Connection Made _____ ft. _____ of MH _____

Connection Approved _____ Date _____ 19 _____

By _____
Inspector

Form No. 800-27