TOWN OF WAYLAND

WASTEWATER MANAGEMENT DISTRICT COMMISSION

Major Repair/Excess Water Usage Verification

I, _____ of _____
(Repair Technician's name) (Company Name)

_____
(Company Address)

have made a repair at_____
(Customer's address)

for _____ on _____
(Customer's name) (Date of repair)

☐ Check here if the repair was to internal plumbing (other than the water meter) and complete the information below.

☐ I hereby verify that the usage from the leak did not enter the WWMDC's Sewer System.

☐ It is my professional opinion that the usage resulting from this problem resulted in a loss

of approximately _____ gallons.

☐ Check here if water usage involved initial filling of a pool or refilling following a repair, and complete the information below.

☐ This was an initial filling of a pool.

☐ This was a re-filling following a repair. I hereby verify that water drained from the pool did not enter the WWMDC's Sewer System.

☐ Meter readings (if available): Start _____ End _____

OR

☐ It is my professional opinion filling/refilling the pool required _____gallons.

Please add any additional information you feel is applicable to this incident. (Please use additional paper if necessary.)

_____

_____

_____

Repair Technician's Signature_____

License Number_____

Telephone Number_____

This form must be attached to an Application for Abatement or Adjustment of water and/or sewer charges with a copy of the bill and proof of payment for construction/repair.