

# PUTNAM PUBLIC SERVICE DISTRICT

PO Box 860  
Scott Depot, WV 25560-0860  
Phone: 304-757-6551  
Fax: 304-757-6558

## Swimming Pool ~ Leak Verification Form

To be completed by Customer & returned to PPSD

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

Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: (if different from mailing) \_\_\_\_\_

Size of Pool: \_\_\_\_\_ Gallons: \_\_\_\_\_

Did Swimming Pool Leak Drain Into the Public Sewer?  YES  NO

### REASON FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** *Customer must complete a Leak Adjustment Form after receiving Bill for filling of pool.  
This will be an adjustment on the Sewer portion of billing.*

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### FOR UTILITY USE ONLY

Meter Number: \_\_\_\_\_

Type of Leak: \_\_\_\_\_

Pool Style: Above-Ground  In-Ground

List Information to Constitute Adjustment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checked by: \_\_\_\_\_

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