



**APPLICATION FOR WATER SERVICE**

**COMPLETE ONE APPLICATION FOR EACH REQUESTED SERVICE LOCATION**

The purpose of this application is to provide information for South Lincoln Rural Water to determine the feasibility and estimate costs of your request. Applicants must pay a one-time, non-refundable application fee of \$250.00. Payment can be made using check, cash or credit card. Return form to [slrwbilling@slrws.com](mailto:slrwbilling@slrws.com) or via mail to 28647 472<sup>nd</sup> Ave, Beresford SD 57004. Please call 605-777-9905 with any questions.

\_\_\_\_\_  
Name of the Property Owner

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_

Email

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code  
Date

\_\_\_\_\_  
Preferred Service Start

- If no address is available, indicate location  
Please indicate approximant location with a **Dot**

Sec No. \_\_\_\_\_ TWP No. \_\_\_\_\_  
Range No. \_\_\_\_\_

\_\_\_\_\_  
Name of person living on-site if not the Owner

\_\_\_\_\_  
Phone Number

NW ¼	NE ¼
SW ¼	SE ¼

Approximate location

What type of service are you applying for? **Please check the appropriate boxes**

- Residential - Number of persons \_\_\_\_\_
- Livestock – **Members owning livestock may be required to have onsite storage or other means to water livestock in times of high demand or water outages.**

- Commercial Development
  - Owner will provide Engineering with a detailed plan of the development

Feeder & Beef Cattle		
Hogs		
Dairy Cattle		
Poultry		
Horses		
Sheep		

- Bulk
  - Processing                      Desired Flow / Gallons Per Day \_\_\_\_\_
  - Industrial                         Desired Flow / Gallons Per Day \_\_\_\_\_

1. Is your request for water a     Primary Source?     Secondary Source?
2. Once the Application for Water Service has been reviewed, the applicant will receive a written estimate of charges. If water requested is not available, the application will be denied.
3. All costs of material and labor to provide water to the applicant's location are the applicant's responsibility.

Date: \_\_\_\_\_                      Applicant: \_\_\_\_\_  
Sign

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**FOR OFFICE USE ONLY:**

Check:    Cash     Credit Card   

Amount Received: \$\_\_\_\_\_ Date Received: \_\_\_\_\_