

OSAGE COUNTY RURAL WATER MANAGEMENT DISTRICT 15  
P O BOX 1029 / 14415 N. 52ND W. AVENUE, SKIATOOK, OKLAHOMA 74070  
(918) 396-2552 – [info@rwd15.com](mailto:info@rwd15.com) – [www.rwd15.com](http://www.rwd15.com)

**APPLICATION -- DETERMINATION OF WATER SERVICE AVAILABILITY**  
**Application Fee -- \$50.00**

This Application is submitted to inquire whether water service is available to the Tract described below for either the existing use and for any proposed or anticipated improvements to the Tract.

Applicant's Name: \_\_\_\_\_

Applicant's complete mailing address: \_\_\_\_\_

Applicant's telephone number Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Is the Applicant the Tract owner?  YES  NO

Name of Tract Owner (if different from Applicant):  
\_\_\_\_\_

Complete Legal Description of Tract for which this Application is submitted:  
\_\_\_\_\_  
\_\_\_\_\_

*(Applicant must provide and attach a copy of the recorded deed covering the Tract for which the Application is submitted)*

Street Address of Tract: \_\_\_\_\_

Describe in detail any proposed or anticipated development of or improvements to the Tract (attach additional pages if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the Tract be used as a marijuana grow facility?  YES  NO

Will the Tract be used for Commercial purposes?  YES  NO If yes, describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

Will the Tract be used for Agricultural purposes?  YES  NO If yes, describe in detail:

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

Check any of the following that may apply for each anticipated parcel / improvement for which future service may be sought:  Pool  Sprinkler System  Irrigation  Barn

Total estimated Tract demand (upon completion of any proposed or anticipated improvements):  
\_\_\_\_\_ Gallons per month.

Please provide any further comments or any additional information the Applicant believes may be pertinent to the Tract or this Application:

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

The undersigned has read and understands this Application and certifies that all information submitted herein is true and correct.

\_\_\_\_\_  
\_\_\_\_\_  
*(Applicant signature and printed name of person signing)*

\_\_\_\_\_  
*(Date signed)*

**NOTICE: ANY SERVICE AVAILABILITY LETTER IS GOOD FOR ONLY 60 DAYS FROM THE DATE OF ISSUANCE**

FOR DISTRICT USE ONLY SAR# \_\_\_\_\_

Area #: \_\_\_\_\_ Water Available: Yes / No Loop Exists: Yes / No Size of Line: \_\_\_\_\_

Road Bore/Cut Required: Yes / No Line Extension Required: Yes / No

Amount of Easement needed from centerline of existing road: \_\_\_\_\_

SAR Completed by: \_\_\_\_\_ Letter Written: \_\_\_\_\_ Email: \_\_\_\_\_