



BELLA VISTA WATER DISTRICT

11368 E. STILLWATER WAY • REDDING, CALIFORNIA 96003-9510
TELEPHONE (530) 241-1085 • FAX (530) 241-8354

APPLICATION FOR WATER SERVICE



PROPERTY INFORMATION

SERVICE LOCATION _____ ACREAGE _____

TURN SERVICE ON (DATE) _____

- LEAVE SERVICE "OFF" UNTIL NOTIFIED
 CUSTOMER ASSUMES BALANCE

A BACKFLOW IS REQUIRED UNLESS ALL OF THE FOLLOWING ARE "NO." IT IS THE CUSTOMER'S RESPONSIBILITY TO NOTIFY THE DISTRICT WHENEVER ANY OF THE FOLLOWING CONDITIONS EXIST. (PLEASE CHECK THE APPROPRIATE BOX AND INITIAL.)

- | | | | |
|---|------------------------------|-----------------------------|-------|
| WELL ON PROPERTY? If Yes, Give Fact Sheet | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| WELL PENDING or PROPOSED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| BOOSTER PUMP ON PROPERTY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| POND ON PROPERTY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| SOLAR WATER HEATING SYSTEM ON PROPERTY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| SWIMMING POOL AND/OR SPA WITH SUBMERGED INLET? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| TOXIC / HAZARDOUS MATERIALS OR OPERATIONS ON SITE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| CHEMIGATION (CHEMICAL OR FERTILIZER INJECTION)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| DOES / WILL ANY STRUCTURES HAVE A FIRE SPRINKLER SYSTEM?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
- (*NOTE: REQUIRES A SPECIAL U.L. APPROVED FIRE SERVICE METER)

CUSTOMER'S BILLING INFORMATION

- OWN RENT / LEASE PROPERTY MANAGER / AGENT

NAME _____ DRIVER'S I.D. # _____

MAILING ADDRESS _____ EMAIL ADDRESS: _____

CITY, STATE & ZIP _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ BUSINESS PHONE # _____

OWNERSHIP INFORMATION

NAME _____ PHONE # _____

FOR OFFICE USE ONLY

DEPOSIT PAID: CHECK CASH CREDIT CARD

- METER SIZE _____
- | | |
|---|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL (BACKFLOW REQUIRED) |
| <input type="checkbox"/> PUBLIC / INSTITUTIONAL | <input type="checkbox"/> RURAL |
| <input type="checkbox"/> AGRICULTURAL | <input type="checkbox"/> LANDSCAPE |
| <input type="checkbox"/> AQUACULTURE | (APPLICATION FOR AGRICULTURE / AQUACULTURE WATER RATE REQUIRED) |

ACCOUNT # _____ WORK ORDER # _____ APN _____

CYCLE # _____ SEQUENCE # _____ PROPERTY # _____

- \$10.00 APP. TRANSFER FEE \$5.00 MAILING FEE

SIGN ON BACK

NOTICE

The District may restrict the rate of flow through your meter to a rate less than the "recommended maximum rate for intermittent operations" in accordance with the American Water Works Association standards (C700-09, C701-07, C708-05, C712-02), as amended.

Currently adopted "Recommended Maximum Rates for Intermittent Operations" are as follows:

| <u>METER CLASS</u> | <u>RECOMMENDED MAXIMUM RATE FOR INTERMITTENT OPERATIONS</u> |
|--------------------|---|
| 20 | 20 gallons per minute |
| 30 | 30 gallons per minute |
| 50 | 50 gallons per minute |
| 100 | 100 gallons per minute |
| 160 | 160 gallons per minute |
| 200 | 200 gallons per minute |
| 300 | 300 gallons per minute |
| 450 | 450 gallons per minute |
| 900 | 900 gallons per minute |
| 1200 | 1200 gallons per minute |
| 1500 | 1500 gallons per minute |

Note: Meters serving fire sprinkler systems shall be U.L. approved for such service. The minimum size available for such service is ¾-inch with a full port gate valve.

CUSTOMER'S AGREEMENT

I, the Customer, hereby request water delivery and/or meter installation to the property listed on Page 1 of this document. In consideration of being supplied water, I agree to abide by the District's rules, regulations, policies and rates as may be amended or supplemented from time to time by the District's Board of Directors. I will comply with all applicable laws and to pay the District in a timely manner as provided therein. I agree to pay all reasonable attorney fees and court costs or other costs incurred by the District to enforce payment. I understand that the District may discontinue water service for nonpayment.

I acknowledge that the District receives its water by contract with the U.S. Bureau of Reclamation (Bureau) and agree to be subject to the terms and conditions of the District's Water Service Contract with the Bureau including imposed conditions, restrictions and reductions. I agree that the District is not liable for temporary interruption of water service nor does the District guarantee any specific quantities of water or specific water pressure. I agree to give written notice at least 48 hours before the supply of water to the property is to be disconnected. Application for a service installation must be accompanied by the required funds.

I hereby acknowledge that a pressure regulator should be installed in the service line between the meter and the dwelling on any service where the water pressure provided by the District may exceed 75 pounds per square inch. A cross connection device may also be required to comply with Governmental regulations.

I represent that I have the legal right to make this Application and I will indemnify and hold the District harmless from anyone who holds an interest in the above listed account who claims I acted without due authority.

I, THE CUSTOMER, CERTIFY THAT THE INFORMATION PROVIDED ON PAGE 1 HEREIN IS CORRECT AND I AGREE TO COMPLY WITH THE "CUSTOMER'S AGREEMENT" AS SET FORTH ABOVE.

Date

Signature of Customer

Service Address: _____

Date: _____

APPENDIX TO APPLICATION FOR WATER SERVICE

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

Please check one box in each of the following categories:

Ethnicity:

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race: (Mark one or more)

_____ White

_____ Black or African American

_____ American Indian/Alaska Native

_____ Asian

_____ Native Hawaiian or other Pacific Islander

Gender:

_____ Male

_____ Female

Thank you for your compliance.

Name

Date

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C 20250