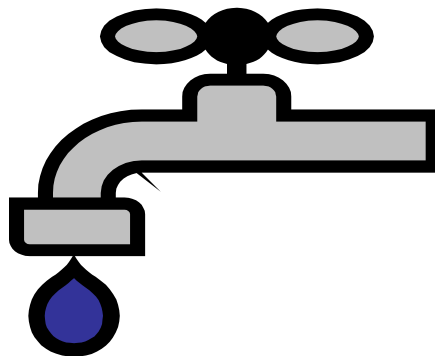


**IMPORTANT
NOTICE**

Along with application you will need:

- Proof of Ownership or Lease Agreement
- Photo Identification
- Deposit of \$150.00

****** Water service will not be connected unless hose bibb vacuum breakers are installed on every external faucet.***



WATER SUPPLY PROTECTION PROGRAM

In compliance with Chapter 341, Subchapter C, of the Texas Health & Safety Code, and Section 290 of the Rules and Regulations of Texas water systems governed by the Texas commission on Environmental Quality, Galveston County W.C.I.D. No. 1 has adopted a mandatory cross-connection control program.

Effective November 1, 2002, all new applicants for water service must install hose bibb vacuum breakers on every external faucet before water service will be connected.

What is a hose bibb vacuum breaker?

This device is an atmospheric vacuum breaker for attachment to a hose bibb or faucet. This one-way valve allows water to flow from the tap, but not back in. It prevents back siphonage through ordinary garden hoses, thus protecting the water you drink from contamination.

You may purchase hose bibb vacuum breakers from your local hardware store or directly from The Water Office, located at 2750 FM 517 East.

If you purchase this device from the Water District, our trained personnel will install on accessible faucets at no additional charge.

Hose Bibb Vacuum Breaker

\$4.50



NON-REFUNDABLE

RESIDENTIAL CREDIT APPLICATION FOR GALVESTON COUNTY WCID NO. 1

2750 FM 517 East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576
Fax No: (281) 534-4672

Account No.: _____
Amount of Deposit:/Receipt: <u> \$150.00 /</u> _____
Turn on Scheduled for: _____

ALL BLANKS MUST BE COMPLETED BEFORE APPLICATION WILL BE ACCEPTED.

APPLICANT INFORMATION

Full Name of Applicant _____ Date Requested: _____

Service Address _____ Home Phone _____

Billing Address if Different _____ City & Zip _____

Customer email address _____ Cell Phone _____

Date of Birth _____ TX ID or TDL _____

Place of Employment _____ Work Phone _____

Employment Address _____ City & Zip Code _____

If a second adult will reside in same household, and WILL BE RESPONSIBLE FOR ACCOUNT, please fill in the following information: Please note, this person must supply a copy of ID and will be granted all rights and responsibilities of primary applicant.

CO-APPLICANT INFORMATION

Full name of spouse or responsible adult _____ Cell Phone _____

Date of Birth _____ TX ID or TDL _____

Place of Employment _____ Work Phone _____

Employment Address _____ City & Zip Code _____

Is this a mobile home? _____ Do you own this property? _____

If Renting or Leasing, Landlord's Name _____ Daytime Phone _____

Have you ever had water service in Dickinson before? _____ If YES, at what address and name was the service listed?

AUTOMATIC BILL PAYMENT THROUGH BANK DRAFTING OPTION:

Automatic bill payment service is available through bank drafting from a checking account, by completing the attached form.

GARBAGE:

Customers within the Water District or within the city limits of Dickinson will be provided garbage service by AmeriWaste at a rate set out in the Water District's Rate Ordinance. To establish recycling service, please contact AmeriWaste at 281-585-3200. You will be billed for recycling service directly through AmeriWaste.

SENIOR CITIZEN LATE FEE WAIVER:

If the person applying for service is age 60 or over, they are given 25 days to pay their water bill without late fee penalties.

YES, I am 60+ years old and request late fee penalties waived: _____
(Signature)

CONFIDENTIALITY OPTION:

All customers are eligible for this option. This will keep all personal information, such as address, phone number confidential **ONLY** to applicants.

YES, I request personal information be kept confidential: _____
(Signature)

NOTICE TO PROPERTY OWNERS:

Payment of Water District Property Tax is required to obtain water service. Failure to keep property tax payments current will lead to discontinuance of water service.

APPLICATION AGREEMENT:

I have read and understand the terms, conditions, and restrictions of this service agreement. I further acknowledge failure to abide by said restrictions shall, at a minimum, lead to discontinuance of service. I further understand that completion of this application, accompanied by receipt of deposit will ensure NEXT DAY turn on services of water.

I hereby apply for water and/or sewer service at the above address to be furnished at the standard rates and under terms and conditions of said District as from time to time established for such class of service. The deposit will be held until Applicant discontinues service, to guarantee the payment of bill of whatever nature that may be due. When services have been discontinued, the deposit will be applied to the final bill. If any deposit, greater than \$2.00 is left, it will be refunded. I understand that failure to render payment within time prescribed on the bill will mean discontinuance of service. Further, if the District incurs additional expenses for past due collections, I agree to pay all costs of collections.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

CO-APPLICANT'S SIGNATURE

DATE OF APPLICATION

(I have read the conditions of the attached application agreement.)



SERVICE APPLICATION AGREEMENT

- I. TERMS:** The following are the terms of the agreement between the Galveston County WCID No. 1 (“the Water Company”) and named Applicant (“the Customer”), shown on the residential credit application:
- A.** The Water Company will maintain a copy of this agreement as long as the Customer and/or the premises are connected to the water and/or sewer system.
 - B.** The Customer shall allow his property to be inspected for possible cross-connections and other undesirable plumbing practices. These inspections shall be conducted by the Water Company or its designated agent prior to initiating service and periodically thereafter. The inspections shall be conducted during the Water Company’s normal business hours.
 - C.** The Water Company shall notify the customer in writing of any cross-connections and other undesirable plumbing practice, which has been identified during the initial inspection or the periodic re-inspection.
 - D.** The Customer shall immediately correct any undesirable plumbing practice on his/her premises.
 - E.** The Customer shall, at his/her expense, properly install, test and maintain any back-flow prevention device required by the Water Company.
- II. PURPOSE:** The Galveston County WCID No. 1, located at 2750 FM 517 East, Dickinson, Texas, is responsible for protecting the drinking water supply from contamination or pollution which could result from improper plumbing practices. The purpose of this agreement is to notify each customer of the plumbing restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the Galveston County WCID No. 1 will begin service. In addition, when service to an existing connection has been suspended or terminated, the Water Company will not re-establish service unless it has a signed copy of this agreement.
- III. PLUMBING RESTRICTIONS:** The following undesirable plumbing practices are prohibited by State regulations:
- A.** No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate back-flow prevention device.
 - B.** No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or reduced pressure-zone back-flow prevention device.
 - C.** No connection which allows water to be returned to the public drinking water supply is permitted.
 - D.** No pipe or pipe fitting which contains more than 8.0% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.
 - E.** No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.
 - F.** The Water Company has adopted the SBCCI Plumbing & Gas Code with local restrictions. Customers shall consult with a licensed plumber or the City of Dickinson plumbing inspector prior to beginning any plumbing work.
- IV. ENFORCEMENT:** If the Customer fails to comply with the terms of the agreement, the Water Company shall, at its option, terminate service or properly install, test, and maintain an appropriate back-flow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.
- V. FIRE PROTECTION SERVICES:** Your monthly water bill total will include a \$5.00 fee for the Dickinson Volunteer Fire Department. They rely on the generosity of the Dickinson community for their support.
- VI. GARBAGE:** Customers within the Water District or within the city limits of Dickinson will be provided garbage service by AmeriWaste at rate set out in the Water District’s Rate Ordinance. To establish recycling service, please contact AmeriWaste at 281-585-3200.

Bank Draft Authorization for Water Bill

I (we) hereby authorize Galveston County WCID #1, hereinafter called THE WATER COMPANY, to initiate debit entries to my (our) checking account. Indicate below the depository name, routing number, and account number to debit. Return Bank drafts are subject to service fees, according to the Water District's Ordinance.

This authority is to remain in full effect until THE WATER COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford THE WATER COMPANY a reasonable opportunity to act on said notification.

BANK NAME _____ CITY _____ STATE _____

BANK ACCOUNT NAME(S) _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

WATER ACCOUNT NAME(S) _____

SERVICE ADDRESS _____

WATER ACCOUNT # _____

TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____

IMPORTANT: Please continue to pay bill until you receive a bill that is marked ****BANK DRAFT DATE**** on billing statement below Net Amount Due. When process is in effect, your bill amount will be drafted from your checking account on the billing due date.

*****PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT*****