

LaGuardo Utility District Subscription Contract for Water Service

7880 Coles Ferry Pike, Lebanon, TN 37087 Phone: 615-444-3378 Fax: 615-444-3342

www.laguardoutility.com

I, _____
Name of Responsible Applicant(s)

Hereby request the LaGuardo Utility District, of Wilson County, Tennessee, to provide water service at the property

Located at: _____
Address / lot # ☐ Residential ☐ Commercial

Applicant is: ☐ Owner ☐ Renter/Leaser

IN CONSIDERATION OF THE UNDERTAKING BY THE DISTRICT, APPLICANT AGREES TO:

1. Pay with the filing of this application the applicable connection and meter fee and any other applicable fees as currently set out on the Schedule of Rates and Fees.
2. Connect to the water system at the meter installed to serve the above property and install and maintain applicant's own service line from the meter to the place of actual water use.
3. Begin using water immediately after being notified that water is available.
4. Comply with the District's Rules, Regulations and Policies. Pay promptly each bill at such rates, time and place as shall be determined by the District's governing body. I understand and will abide by the District's billing and cut-off procedures and any cut-off or other agreement the District enters with another utility provider. Should I not pay in accordance with the District's Rules, I agree to pay all costs of collection, including attorney fees. **Bills are due by the 15th of each month. Penalties are applied after the 15th of each month. Cut-offs are on the 25th or after of each month.**
5. Comply with the requirements of the Tennessee Dept. of Environment and Conservation that any other water source used by Applicant will never be connected to the District's lines. **Backflow preventors are required by TDEC on all commercial services and Irrigation/sprinkler systems, including a required annual testing.**
6. Grant the District the right of ingress and egress necessary for the District to successfully operate and maintain its water lines and appurtenances. I grant the District permission to enter upon my property for any reason connected with the provision or removal of service or collection therefor.
7. Grant an easement across my property should the District determine to lay its lines on private property, and execute any documents necessary to evidence the easement(s) granted hereby.
8. I understand that the District does not warrant or guarantee that at all times I will receive adequate water or adequate pressure and agree that the District shall not be liable for loss or damage resulting therefrom.

MUTUAL AGREEMENTS:

1. The connection and meter fee will be non-refundable unless the District determines connection is not feasible.
2. When property is sold, new owners will pay a fee to transfer water service into their name. In the event the said owner rents/leases property, upon the renter discontinuing service, service and responsibility for the account will at that time revert to the owner of the property.
3. Loans obtained to finance the District's water works system will not be a lien on the applicant's property.

Mailing Address if different _____
(Street Address) (City) (State) (Zip)

Phone: _____ Work/Cell# _____

Print Name: _____ Date acquired: _____

Signed: _____ Date: _____

This box is for LaGuardo Utility District use only

Processed by: _____

Previous Customer _____ Acct. # _____

Received From The Above Application ☐ cash ☐ check ☐ credit card ☐ other \$ _____

Regular 5/8" Tap- **\$1,750.00**
Irrigation 5/8" Tap- **\$1,750.00**
Capacity Fee 5/8"- **\$1,500.00**
Other Taps/Misc Fees- _____

Residential Owner Application Fee- **\$50.00**
Commercial Owner Application Fee- **\$75.00**
Renter/Leaser Application Fee- **\$100.00**
Reconnection Fee- **\$75.00**

Check #

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"This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington ,D.C. 20250-9410, or call (800)795-3272(voice) or (202)720-6382(TDD)."

LaGuardo Utility District

Cross-Connection Survey

Residential

Occupant Name: _____

Occupant Address: _____

☐ Existing water tap on property ☐ Purchasing new water tap ☐ Other _____

Do any of the following exist at the above address?
(Please circle yes or no)

- | | | |
|-----------------------------------------------------------------------------|-----|----|
| 1. Swimming pool, hot tub, or jacuzzi that <u>fill from under the water</u> | yes | no |
| 2. Fountain or pond connected to water supply | yes | no |
| 3. Underground Irrigation System | yes | no |
| 4. Drip/Soaker/Irrigation System | yes | no |
| 5. Chemical distribution system utilizing the public water supply | yes | no |
| 6. Other auxiliary water source on property | yes | no |
| 7. Green House | yes | no |
| 8. Livestock or other Agricultural Operations | yes | no |
| 9. Portable Dialysis Machine | yes | no |
| 10. Water Softener or any extra water treatment system | yes | no |
| 11. Fire Sprinkler System | yes | no |
| 12. Any other water-using equipment not mentioned above | yes | no |

12a. If yes, please list below:

By signing below, the customer agrees to notify the Utility District if any of the answers provided above change in the future so that the Utility District may determine if protection against a cross connection or potential cross connection is needed to protect the public water supply from contamination. Failure to notify the Utility District of any cross connections or potential cross connections could result in immediate termination of water service if deemed necessary.

Print Name: _____ Phone #: _____

Signature: _____ Date: _____

LaGuardo Utility District
7880 Coles Ferry Pike
Lebanon, TN 37087

**WELL USER AGREEMENT OF NON-USE OR CONNECTION TO
THE PUBLIC WATER SUPPLY**

In accordance with LaGuardo Utility District's cross connection control program and state law, a private well or auxiliary water source may not be connected in any manner to the public water supply unless proper protection against cross connection is provided. Only Reduced Pressure Backflow Preventers or approved air gaps (complete separation from public water supply) may be used for protection. These devices must have prior approval by the LaGuardo Utility District. Customers using the public water supply and not in compliance with this rule will have their water service discontinued.

Check appropriate box

☐ *This serves as notification that a well **IS** located on the property at the following address:*

☐ *This serves as notification that a well **IS NOT** located on the property at the following address:*

Please type or print your address here:

I (we) understand and agree that, to the best of my (our) knowledge, this system, if applicable, is and shall remain totally segregated from the public water supply, and no unapproved or unauthorized cross connections, auxiliary intakes, bypasses, or interconnections will be permitted without written approval of the LaGuardo Utility District.

I (we) further understand and agree that should an auxiliary water supply be connected to the public water system at the above address, I (we) will notify LaGuardo Utility District of such connection immediately and maximum cross connection control equipment in the form of an approved air gap or reduced pressure backflow prevention device shall be installed to protect the public water supply in accordance with the LaGuardo Utility District cross connection control policy.

Date: _____

Name: _____

Signature: _____

APPLICATION FORMS & INFORMATION COLLECTION REQUIREMENTS:

All recipients, other than those using guarantee programs, are required to collect data on race/ethnic and gender of users or beneficiaries.

Application form must include below the signature and date block the following disclosure statements: (rev. 1/2001 as per Fed. Register Vol. 62 No. 210)

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

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**_____