| East FEliciana Rural Water System 10270 Highway 10  Ethel, Louisiana 70730  225-683-9698 / 225-683-9610 Fax  www.eastfelicianaruralwater.com    *“This institution is an equal opportunity provider.”*  **Application for Water Service** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **fOR oFFICE uSE oNLY** | | | | | | | | | | |
| Customer#: | | |  | | | | Application Date: | | | |
| Location#: | | |  | | | | Receipt#: | | | |
| Route / Station#: | | |  | | | | Install Date: | | | |
| Work Order#: | | |  | | | | Meter #: | | | |
| Turn on Date: | | |  | | | | ERT#: | | | |
| Meter Reading: | | |  | | | | Inspected By: | | | |
|  | | |  | | | | Lock Out Tag#: | | | |
| **APPLICANT INFORMATION – PLEASE COMPLETE ENTIRE SECTION** | | | | | | | | | | |
| Date: | Time: | | | | | Service Date Requested: | | | | |
| Applicant’s Name: | | | | | | | | | | |
| Applicant’s Date of birth: | | | | Last 4 digit of SSN: | | | | Driver’s Lic#: | | |
| Phone: | | | | | Alt Phone# | | | Text# | | |
| Service address: | | | | | | | | | | |
| Parish: | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | | |
| Resident Status: (Own / Rent) | | | | Have you ever had service with EFRW? | | | | | | |
| Sewer / Septic System:(Individual sewer/ septic system or City Sewer Service) | | | | | | | | | | |
| Email Address: | | | | | | | | | | |
| Federal Requirements | | | | | | | | | | |
| 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 will not be used in evaluation of 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 applicant on the basis of visual observation or surname. | | | | | | | | | | |
| Male / Female:*(Check one)* | | National Orgin: *(Check One)* | | | | | | | Hispanic/ Non-Hispanic: | |
| Male: \_\_\_\_\_  Female: \_\_\_\_\_ | | American Indian \_\_\_\_ Alaska Native:\_\_\_\_  African American \_\_\_\_ Pacific Islander:\_\_\_\_  Native Hawaiian: \_\_\_\_\_ Asian: \_\_\_  White: \_\_\_\_\_ | | | | | | | *(Check One)*  Hispanic \_\_\_\_\_  Non-Hispanic \_\_\_\_\_  Latino \_\_\_\_\_ | |
| **Employment Information** | | | | | | | | | | |
| Current employer: | | | | | | | | | | |
| Employer address: | | | | | | | | How long? | | |
| Phone: | | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | | |
| Position: | | | | | | | | | | |
| **AUTHORIZATION** | | | | | | | | | | |
| I authorize East Feliciana Rural Water System to verify the information provided on this form and further agree to the following terms of the attached *“Water User Agreement”.* | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | Date: |

**EAST FELICIANA RURAL WATER SYSTEM**

10270 Highway 10

# ETHEL, LOUISIANA 70730

## **WATER USERS AGREEMENT**

This agreement between the East Feliciana Rural Water System, Inc. a non-profit corporation, hereinafter called the Association, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of the Association hereinafter called the Applicant.

(Applicant Signature)

**I. Getting Connected to the ASSOCIATION’S Distribution System**

**A. New Service:** Applicant agrees to pay costs associated with purchasing and installing apparatus deemed necessary by the System, in establishing new service, such as meter boxes, meters, or other works. They agree that these items become the exclusive property of the Association and shall not be accessed or used by the Applicant. New service will be provided only after determination that distribution, storage and pumping capacity is available to provide adequate flow to the requested address. Meter box location may be requested, but the right to determine final placement is reserved to the EFRWS. All new services require a $75 deposit.

**B. Service Lines and Commencement of Service:** Applicant is responsible for installing a "service line system" needed to deliver water from the meter box to the place receiving water. **This "system" shall include a shut-off valve and valve box with cover, located no more than 3 feet from the Association's meter box.**  **The service line system and connections must be constructed of PVC and/or Brass.** The Applicant is responsible for maintaining the service system including locating and repairing leaks. **Water service shall commence only on the date set by the Association and then only after inspection and approval of the service system by EFRWS personnel.**

**C. Outside and Multiple Connections Prohibited:** The Applicant agrees to comply with the Louisiana State Dept. of Health requirements that no other present or future source of water will be connected to any waterlines served by the Association’s distribution system and will disconnect from any existing outside water supply prior to connecting to and switching to the Association’s system. Federal regulations allow one household service per water meter. Any Applicant found in violation of this regulation will be given one month from the time notified to remedy this situation and if not complying will be fined at a rate of $100 per month.

**D. Breach of Agreement:** In the event the Applicant shall breach this contract by (1) refusing or failing, without just cause, to connect his service line to the Association’s distribution system as set forth above, or (2)refusing or failing, without just cause, to pay minimum monthly water rate as established by the Association, upon the occurrence of either of said events, the Applicant agrees to forfeit his deposit.

**II. When Should Bills be Paid and What Happens If Not Paid?**

**A. When are bills due?**  Bills are due on the 15th of each month.

**B. What are the penalties for not paying?** Unpaid accounts will begin accumulating a penalty at the rate of 10% per month beginning after the 15th of the month in which non-payment occurs. As of the 20th of the month, a $50 Delinquent Fee will be applied to all accounts carrying a Balance Forward *(BalFwd)*, as well as, a $75 deposit if your account does not already have a deposit. Your account will then be subject to disconnection without further notice.

**C. How can you avoid being disconnected?**

1. Pay the full balance on or before the 15th of the month. The full balance refers to the Applicant's entire balance including Delinquent fees and Deposits when applicable, regardless of when incurred. Claims that notice was not received will not be grounds for delaying disconnection. **East Feliciana Rural Water System does not mail out Disconnect Notices.**

2. Produce proof of payment, in person at the Association’s office, 10270 Highway 10, Ethel, La. or fax to 683-9610.

3. Proof of payment must be a bank receipt showing date paid or a copy of the canceled check (front

and back)

For example, a bill for April 1st will be due by April 15th. If not paid in full by April 15th, then a 10% late charge will apply. If the May 1st bill reflects a BalFwd, then the account is subject to disconnection if not paid to a zero balance by May 15th. If the account remains unpaid a 10% late charge will apply after the 15th of May. If it is not paid to a zero balance as of the 20th of the May, then a $50 Delinquent fee and a $75 deposit will apply *(if a deposit is not already on the account).* The service will then be disconnected without further notice.

**D. What happens when NSF checks are used to pay bills?**

1. Accounts on the pending disconnect list paid with NSF checks will be immediately

disconnected and subject to a $25 NSF fee plus all re-connection fees (see E).

2. Those not on the disconnect list will receive a certified letter allowing 10 days from receipt

to make good the NFS check amount plus the $25 NSF fee. Payment must be paid at Association’s office, 10270 Highway 10, Ethel, La 70730 in a money order or certified check.

3. Any accounts with four (4) "NSF" checks within a twelve (12) month period may be permanently disconnected.

**Please** **Note, the following will NOT avoid disconnection:**

- **Do not** present money order receipts or check register as proof of payment.

- **Do not** attempt to place cash, money orders, or checks in the meter box. Association will not be

responsible for any items placed in a meter box and any damages will result in an unauthorized use fee of $225.

- **Do not** attempt to pay Association personnel in the field. Association staff are forbidden to accept payments

in the field or grant preferential treatment or exceptions.

**E. Once disconnected, how do I get re-connected?**

1. Pay the full account to a zero balance. This includes a $50 Delinquent Fee and $75 deposit (if not previously

collected). All outstanding balances regardless of source must be included.

2. Payment may only be by money order, cashier’s check, or online with Debit/ Credit card.

3. Payment may only be made at Association’s office, 10270 Highway 10, Ethel, La. or online at www.eastfelicianaruralwater.com

4. Accounts paid by 2 p.m. within the 1st 48 hours of disconnection will be reinstated the same business day. Accounts settled after 2 p.m. will be reinstated during the next business day.

**Please** **Note :**

- The entire balance owed must be paid, NOT just the current bill.

- Personal checks or cash will NOT be accepted.

- Payment must be made at the Association’s office in money order, cashier’s check or online. Records of payment

made at the Bank are not transferred to the Association’s office in a timely fashion.

**F. Unauthorized Use Penalty:** Unauthorized use of meter or meter box after disconnection will result in an additional $225 penalty before reconnection can take place and could result in criminal charges. Unauthorized use includes removing any locking devices or in any other way re-opening the valve. The Association reserves the right to permanently remove service after a second unauthorized use charge.

**III. General Conditions:**

WHEREAS, the Applicant desires to purchase water from the Association, and to enter into a water user’s agreement as required by the Bylaws of the Association. NOW THEREFORE, in consideration of the mutual covenants, promises and agreements herein contained it is hereby understood and agreed: The Association shall furnish, subject to the limitations set out in Rules and Regulation and Bylaws and those hereinafter provided for, such quantity of water as the Applicant may desire in connection with his occupancy of the following described property. The Applicant and his/her successors or assigns hereby grant the Association a perpetual easement in, over, under, and upon the above described land with the right to erect, construct, install, and lay, and thereafter use, operate and inspect, repair, maintain, replace and remove water pipelines and appurtenant facilities, together with the right of ingress and eqress over adjacent land for the purpose mentioned above. The width of said easement shall be not less than 10 feet from the road right-of-way. The easement/servitude set forth above may be more specifically set forth in a separate agreement by and between Applicant and Association. The easement/ servitude set forth above may be more specifically set forth in a separate agreement by and between Applicant and Association. Applicant acknowledges responsibility for the payment of this account and for all services due there under. The Applicant agrees to pay for water at such rates, time, and place as shall be determined by the Association, and agrees to the penalties for noncompliance with the above as set out in the current Rules and Regulations. Applicant acknowledges the right of the Association, without notice, to terminate any service to applicant’s address in the event of a delinquency in this account. Applicant also acknowledges that Association may at its discretion shut off service for needed repairs without notice. Applicant holds the Association, its officers, agents and employees harmless for any damages resulting from such “shut off” and for any leaks, or future repairs that may develop on the Service Line System as a result of work performed by the Association.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

***(Copy of Driver’s License required in order to process application)***

“USDA Rural Development is an Equal Opportunity, Provider, and Employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint from or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).”

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| --- | --- | --- | --- | --- |
| Customer Cross Connection  and Backflow Protection Survey | | | East Feliciana Rural Water System | |
| Name: | | | | |
| Company/Organization: | | | | |
| Address of Premise Survey Relates to: | | | | |
| City: | State: | Zip Code: | | |
| Phone: | E-mail: | | | |
| Location No. (Provided on your water bill): | Customer No. (Provided on your water bill): | | | |
| Does this meter service multiple units? Yes  No  Type of units: Duplex  Apartment  Business  Mixed Use | | | | |
| **GENERAL WATER USE at your location (other than fire protection)** | | | | |
| **Please check ALL boxes that apply/best describe the use of water at your facility.**  Typical, such as bathrooms, drinking fountains, outside water  faucets, household laundry or dishwashing appliances.  Private well(s) supplying any part of your facility.  Piped into a manufacturing process.  Piped into a chemical process.  Piped, underground lawn sprinkler/irrigation system.  Piped into a swimming pool.  Piped into water operated/cooled equipment/appliances/boilers.  Medical, pathology, research chemical or bacteriological lab.  Piped into photo processing lab.  Cattle trough for watering livestock. | **Please check ALL types of backflow prevention devices installed on your plumbing system.**  None  Residential Dual Check (RDC)  Reduced Pressure Zone Device (RP)  Double Check Valve (DC)  Pressure Vacuum Breaker (PVB)  Other      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Existing Device Information (if applicable):**  Manufacturer       Model  Serial #       Size       Type:  RP : DC : PVB : RDC | | | |
| **FIRE PROTECTION SERVICES** | | | | |
| **Please check ALL boxes that apply/best describe your fire protection account:**  No fire protection equipment on the premises.  This account serves private hydrants only (no fire sprinkler  system in facility).  This account serves an installed fire sprinkler system.  Fire sprinkler system has outside fire department connections  for pumping into system.  Fire sprinkler system contains antifreeze or other chemicals.  Fire sprinkler system is also supplied by an auxiliary source of  water (i.e., pond, reservoir or storage tank). | **Please check ALL types of backflow prevention devices installed on your sprinkler system.**  None  Reduced Pressure Zone Device (RP)  Reduced Pressure Principle Detector Assembly (RPDA)  Double Check Valve (DC)  Double Check Detector Assembly (DCDA)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Existing Device Information (if applicable):**  Manufacturer       Model  Serial #       Size       Type:  RP : DC : PVB : RDC | | | |
| If backflow prevention devices are installed on your plumbing/fire sprinkler system, it is required by the Louisiana Department of Environmental Protection that they be tested annually and copies of the test reports be maintained on file with the water company. If you do not have current copies of the test reports on file with us, please attach to this survey. | | | | |
| **Signature** | | | | |
| Signature of person completing this survey: ( Enter the last 4 of your Social Security to sign Electronically) | | | | Date: |