

SUMMIT PARK PUBLIC SERVICE DISTRICT
100 COAL ST
CLARKSBURG, WV 26301-5966
304-623-5304

**SWIMMING POOL SEWER EXEMPTION REQUEST
AND NON-DISCHARGE STATEMENT**
(MUST BE SUBMITTED WITHIN 30 DAYS OF POOL FILLING)

Date: _____ Account Number: _____ Contact #: _____

Customer Name: _____

Premise Address: _____

POOL INFORMATION

New Pool Circle: Yes No Start & Stop Time & Date(s) Filled: _____

Shape of pool (check one): _____ Rectangle _____ Round _____ Oblong _____ Oval

Length: _____ Width: _____ Depth (shallow): _____ Depth (deep): _____

Manufacturers Estimate of Gallons to Fill the Pool: _____

Amount of water in the pool before filling (check one):

_____ Empty _____ Quarter _____ Half _____ Three-quarter Full

In the event that a failure would happen, causing the pool to be filled a second time, proof of said problem must be given for a second adjustment to be considered. The swimming pool adjustment or credit shall be made at full tariff rate to the customer's next sewer bill, following the submission and verification of the request form. **The district reserves the right to reverse any adjustment if the customer's pool water is observed or reported to be discharged into the sanitary sewer.**

By signing this application, you pledge and certify that the water used to fill your pool will not be discharged into the sanitary sewer. Furthermore, you certify that the information provided on this form is true and accurate.

Customer Signature: _____

Office Use	
Date Form Rec'd: _____	Received by: _____
Date Adjusted: _____	Site Visit Performed Y/N: By: _____