



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	<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 OPERATIONS	<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	_____

CUSTOMER'S BILLING INFORMATION

OWN RENT / LEASE PROPERTY MANAGER / AGENT

NAME _____ DRIVER'S I.D. # _____

MAILING ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE # _____ CELL PHONE # _____

EMPLOYER _____ BUSINESS PHONE # _____

OWNERSHIP INFORMATION

NAME _____ PHONE # _____

FOR OFFICE USE ONLY

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"/> AQUACULTURE (APPLICATION FOR AGRICULTURE / AQUACULTURE WATER RATE REQUIRED)	

ACCOUNT # _____ WORK ORDER # _____ APN _____

CYCLE # _____ SEQUENCE # _____ PROPERTY # _____

\$10.00 APP. TRANSFER FEE \$10.00 APP. BY PHONE FEE \$5.00 APP. FAX / MAILING FEE

NOTICE

The District may restrict the rate of flow through your meter to a rate between the “recommended maximum rate for continuous operations” and the “Safe Maximum Operating Capacity” in accordance with the American Water Works Association standards, as amended.

Currently adopted “Recommended Maximum Rate for Continuous Operations” and “Safe Maximum Operating Capacities” are as follows:

<u>METER SIZE</u>	<u>RECOMMENDED MAXIMUM RATE FOR CONTINUOUS OPERATIONS</u>	<u>SAFE MAXIMUM OPERATING CAPACITY</u>
5/8 inch	10 gallons per minute	20 gallons per minute
3/4 inch	15 gallons per minute	30 gallons per minute
1 inch	25 gallons per minute	50 gallons per minute
1-1/2 inch	50 gallons per minute	100 gallons per minute
2 inch	80 gallons per minute	160 gallons per minute
3 inch	220 gallons per minute	350 gallons per minute
4 inch	420 gallons per minute	630 gallons per minute
6 inch	865 gallons per minute	1300 gallons per minute
8 inch	1600 gallons per minute	2400 gallons per minute

AWWA Standards C700-02, C701-07, C708-96, C712-02

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 in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the Equal Opportunity 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 the information being requested, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please check one box in each of the following categories:

Ethnicity Category:

- Hispanic or Latino
- Not Hispanic or Latino

Race Category:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Thank you for your compliance.

Name

Date

This Institution is an Equal Opportunity Provider