

# JACKSON COUNTY UTILITY DISTRICT

P. O. BOX 367, GAINESBORO TN 38562-0367

PHONE 931-268-2880 or FAX 931-268-2882

**OFFICE HOURS:**

**MON – FRI 8:00 AM TO 4:00 PM**

**MONTHLY BOARD MEETING**

**3<sup>RD</sup> Monday at 7:00 pm at 1478 N. Grundy Quarles Hwy.**

ACCT. _____
LEAK INS _____
LINE INS _____
FOR OFFICE USE ONLY

**APPLICATION FOR WATER TAP OR SERVICE**

**APPLICANT AGREES TO:**

1. Comply with JACKSON COUNTY UTILITY DISTRICT'S rules, regulations and policies.
2. Pay promptly at such rates, time and place as determined by the UTILITY'S governing body.
3. Comply with the requirements of the Tennessee Department of Health that the applicant's existing water system will in no way be connected to the UTILITY'S lines, forming a cross-connection. This is to prevent contamination of the lines of the JACKSON COUNTY UTILITY DISTRICT. If applicant has a well or a spring, he must execute a well user's agreement.
4. Grant the UTILITY the right of ingress and egress necessary for the UTILITY to operate and maintain the water lines.
5. Connect only one residence to each tap.
6. Install, service and repair own line from meter to place of usage at own expense.
7. Install pressure reducing valve on his line. (To supply water to all customers, the UTILITY carries more pressure than most household plumbing can withstand.
8. Be responsible for water flowing from his broken lines.
9. Be responsible for damage to meters and boxes caused by applicant.
10. Receive their first bill the 1<sup>st</sup> of the following month, if they receive service before the 25<sup>th</sup> of the month. Meters are read before the 15<sup>th</sup> of each month and bills are mailed at the end of each month. Bills are due and payable by the 11<sup>th</sup> of each month. Any bill not paid by the 11<sup>th</sup> will be charged a 10% penalty. Any bill not paid by the 11<sup>th</sup> will be locked for non-payment in approximately 7 – 10 days. To reinstate service a reconnection fee will be added to your account.
11. Not construct a fence between the meter and the road so that the meter reader cannot get to the meter. We do not know what is in the fence, and are not obligated to climb over fences.
12. Leave enough area around landscaping or flowers planted near meter boxes for UTILITY to raise meter lids. The UTILITY is not responsible for damage to landscaping or flowers.
13. Failure to receive bill does not relieve customer of payment or any late charges.

*CUSTOMER COMPLETE SECTIONS BELOW*

<b>DO YOU HAVE A WELL? YES</b>	<b>NO</b>	<b>DO YOU HAVE A SPRING? YES</b>	<b>NO</b>
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**WELL USERS AGREEMENT**

In accordance with JACKSON COUNTY UTILITY DISTRICT'S cross connection control program, a private well or auxillary 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 may be used for protection. These devices must have prior approval by the JACKSON COUNTY UTILITY DISTRICT. Customers not in compliance with this rule will have their water service discontinued. This serves as notification that a well or spring may be utilized at this property. I (We) further understand and agree that this system is, and shall remain totally segregated from the public water supply and no unapproved or unauthorized cross connections, auxiliary intakes, interconnections or by-passes will be permitted without the written approval of the JACKSON COUNTY UTILITY DISTRICT. I (We) further understand and agree that should an auxiliary water supply be connected to the public water system at this location, maximum cross connection control equipment in the form of an approved air gap or Reduced Backflow Prevention Device shall be installed to protect the public water supply.

Applicant Name _____	Phone Number _____
Applicant Name _____	Phone Number _____
Mailing Address _____	Tap Address _____
City _____	Driver's License# _____
State/Zip _____	
TAP FEE \$ _____	Special Instructions _____
OWNERS SERVICE CHG \$ _____	<b>DATE SERVICE TO BEGIN</b> _____
RENTERS SERVICE CHG \$ _____ MC Visa Discover AE	DATE _____ READING _____ BY _____
<b>TOTAL</b> \$ _____ CK# _____ OR CASH	For office use only

By my signature below, I agree to all the terms of this contract and the terms of the Well User's Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Receipt# \_\_\_\_\_

"In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."