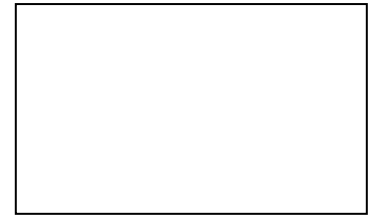


# JACKSON COUNTY UTILITY DISTRICT

P. O. BOX 367  
GAINESBORO, TN 38562-0367  
PHONE 931-268-2880  
FAX 931-268-2882

EMAIL : [jcud@twlakes.net](mailto:jcud@twlakes.net)  
WEBSITE : [jcutilitydistrict.com](http://jcutilitydistrict.com)

**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.  
Gainesboro, TN 38562



## 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. Then most household plumbing can withstand.
8. Be responsible for water flowing from his broken lines. Customer must install a low-pressure switch on their pump if their location may call for one. In case of a main line leak on the **UTILITY** side and a low-pressure condition happens the **UTILITY** will not be responsible for replacing the customer's pump.
9. Be responsible for damage to meters and boxes caused by applicant.
10. The **UTILITY** makes no guarantees, expressed or implied, as to service quality, quantity, pressure, consistency or continuity.
11. The **UTILITY** shall, at its discretion, specify how and what uses may be made of service provided to **CUSTOMER**. If the **CUSTOMER** fails to comply with the uses so specified, service shall be discontinued.
12. Receive their first bill on 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 days. To reinstate service, you must pay for water used up to the point of disconnection, plus all reconnection fee that applies.
13. 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.
14. 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.
15. The utility bills for services monthly, and bills are mail in bulk at the US Post office. The utility cannot guarantee the delivery of its bills. Failure to receive a bill does not relieve customer of payment or any late charges.

### *CUSTOMER COMPLETE SECTIONS BELOW*

**DO YOU HAVE A WELL? YES \_\_\_\_\_ NO \_\_\_\_\_ DO YOU HAVE A SPRING? YES \_\_\_\_\_ NO \_\_\_\_\_**

## WELL USERS' AGREEMENT

In accordance with **JACKSON COUNTY UTILITY DISTRICT'S** cross connection control program, a private well or an 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* 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.

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ACCT \_\_\_\_\_

LEAK INS \_\_\_\_\_

LINE INS \_\_\_\_\_

FOR OFFICE USE ONLY

**When applying for water with the Jackson County Utility District and we find that the customer has a previous balance on a prior account that balance will be added to the current bill.**

Applicant Name	-----	Phone Number	-----
Applicant Name	-----	Phone Number	-----
Mailing Address	-----	Tap Address	-----
City/State/Zip	-----	Driver's License#	-----
<p>Is there any medical reason that service cannot be interrupted? <b>YES</b> _____ <b>NO</b> _____</p> <p>Written verification from a medical doctor is required before meter can be labeled as non-cut-off. The water bill is still required to be paid in full by the disconnect date, but notification will be made prior to disconnect.</p>			
TAP FEE	\$ _____	LOCK METER WHEN SET	YES _____ NO _____
OWNERS SERVICE CHG	\$ _____	OWNER BOOK	_____ PAGE _____
RENTERS SERVICE CHG	\$ _____	DATE SERVICE TO BEGIN	_____
		SECURE YOUR ACCOUNT:	
		PASSWORD:	_____
TOTAL	\$ _____	CK#	_____ OR CASH
		EMAIL ADDRESS:	_____

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)."

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You may pay your bill at any one of the following locations:

## UTILITY OFFICE

INSIDE WINDOW  
DRIVE THRU WINDOW  
AFTER HOUR DEPOSIT BOX

## FIRST FREEDOM BANK GAINESBORO

MUST HAVE A BANK ACCOUNT  
MUST PAY BY CHECK ON FIRST  
FREEDOM

## CITIZENS BANK GAINESBORO

MUST HAVE A BANK ACCOUNT  
MUST PAY BY CHECK ON  
CITIZENS BANK

**BANK DRAFT AVAILABLE** CONTACT OFFICE OR WEBSITE FOR FORMS

WE NOW HAVE OUR WEBSITE. YOU CAN MAKE PAYMENTS ONLINE AT  
**[www.jcutilitydistrict.com](http://www.jcutilitydistrict.com)**

**YOU CAN PAY OVER THE PHONE BY CALLING 1-877-362-0326**  
WE ACCEPT VISA, MASTER CARD, AND DISCOVER. A \$3.00 SUR-CHARGE WILL BE  
APPLIED TO EACH TRANSACTION.

THE CURRENT RATES OF THE JACKSON COUNTY UTILITY DISTRICT ARE AS FOLLOWS.

0-800 GALLONS	\$23.95 MINIMUM BILL
ALL OVER 800 GALLON	\$15.10 PER 1000 GALLONS

ALL WATER USAGES SUBJECT TO SALES TAX OF 9.75%

ALL BILLS ARE MAILED BY THE 28<sup>TH</sup> OF EACH MONTH AND ARE DUE  
BY THE 11<sup>TH</sup> OF EACH MONTH.

ANY BILL PAID AFTER THE 11<sup>TH</sup> OF THE MONTH; THE ACCOUNT WILL  
BE SUBJECT TO BEING LOCKED ON THE 7<sup>TH</sup> DAY.

# WATER LEAK RELIEF

## LEAK PROTECTION

ACCOUNT # \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

_____	RESIDENTIAL.....	\$2.50
_____	COMMERICAL .....	\$5.15
	SINGLE OCCUPANCY	
_____	COMMERICAL.....	\$8.55
	MULTIPLE OCCUPANCY	

\_\_\_\_\_ ENROLL the above charge to my monthly bill for leak protection. There is a 30 day waiting period before benefit claims can be made. Program is subject to Terms & conditions.

\_\_\_\_\_ DE-ENROLL IN LEAK PROTECTION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# WATER LEAK RELIEF

## WATER LINE PROTECTION

ACCOUNT # \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

_____	RESIDENTIAL.....	\$4.85
_____	COMMERICAL .....	\$13.90
	SINGLE OCCUPANCY	
_____	COMMERICAL.....	\$27.40
	MULTIPLE OCCUPANCY	

\_\_\_\_\_ ENROLL the above charge to my monthly bill for leak protection. There is a 30-day waiting period before benefit claims can be made. Program is subject to Terms & conditions.

\_\_\_\_\_ DE-ENROLL IN WATER LINE PROTECTION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_