

MEMORIAL VILLAGES WATER AUTHORITY

8955 GAYLORD DRIVE

HOUSTON, TEXAS 77024

(713) 465-8318

CUSTOMER APPLICATION AND SERVICE AGREEMENT

NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

SERVICE FOR: [] OWNERS PROPERTY [] RENTED/LEASED PROPERTY [] BUSINESS PROPERTY

[] VACANT LOT/PROPERTY [] BUILDERS PROPERTY [] REALTORS PROPERTY [] GOVERNMENT

DATE SERVICE IS TO BEGIN: _____ TYPE OF SERVICE: [] WATER [] SEWER

The undersigned "Customer" hereby makes application for water and/or sanitary sewer service to be furnished by Memorial Villages Water Authority, the "District", to the premises described above in accordance with the operating practices of the District. The Customer agrees to take and use the same, and to pay for all water and/or sanitary sewer service supplied to said premises, at the rates now fixed, or which may be hereafter fixed, by the District, as bills are rendered therefor, is measured by the meter for water and as established for sanitary sewer service, until written notice is given by the Customer to the District at its office to discontinue service. The Customer hereby expressly agrees to, and this agreement is made subject to, all and singular the rules and regulations fixed and prescribed by the District, now in effect, or which may be hereafter fixed for the management, operation, maintenance and protection of the public water and sanitary sewer systems of the District. The Customer hereby acknowledges the following unacceptable plumbing practices are prohibited by state regulations and agrees to immediately correct any and all unacceptable plumbing practices on the premises described above.

- No direct connection between the public drinking water system and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
- No cross-connection between the public drinking water system and a private water system is permitted. These potential threats to the public drinking water system shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.
- No connection which allows water to be returned to the public drinking water system is permitted.
- No pipe or pipe fitting which contains more than 8.0 percent lead or solder or flux which contains more than 0.2 percent lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

In addition, the following are made a part of the application and service agreement between the District and the Customer:

- The District will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the public water and/or sanitary sewer system.
 - The Customer shall allow the above described premises to be inspected for possible cross-connections and other unacceptable plumbing practices. These inspections shall be conducted by the District or its designated agent prior to initiating continuous water service; when there is reason to believe that cross-connections or other unacceptable (sic) plumbing practices exist; or after any major changes to the private plumbing facilities. The inspections shall be conducted during the District's normal business hours.
 - The District or its designated agent shall notify the Customer in writing of any cross-connection or other unacceptable plumbing practice which has been identified during the initial inspection or the periodic reinspection.
 - The Customer shall, at his/her expense, properly install, test, and maintain any backflow prevention device required by the District. Copies of all testing and maintenance records shall be provided to the District.
 - If the Customer fails to comply with the terms of this Application and Service Agreement, the District shall have the right to terminate service immediately.

1. WATER METER, TAP & MAINTENANCE FEE:	\$ _____
2. SANITARY SEWER TAP & MAINTENANCE FEE: ...	\$ _____
3. METER DEPOSIT	\$ _____
4. AMOUNT PAID	\$ _____
5. BALANCE DUE	\$ _____

Description: _____

This Application and Service Agreement is to become a CONTRACT only upon acceptance by the undersigned Customer and Memorial Villages Water Authority.

ACCEPTED THIS THE _____ DAY OF _____, _____.

APPLICANT'S SIGNATURE

BY: _____
MEMORIAL VILLAGE WATER AUTHORITY

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Exhibit "A"

SAMPLE SERVICE INSPECTION CERTIFICATION

Name of PWS: _____

PWS I.D.#: _____

Location of Service: _____

I _____, upon insertion of the private plumbing facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

	Compliance	Non-Compliance	Certificate of Compliance on File
(1) No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with state plumbing regulations. Additionally, all pressure relief valves and thermal expansion devices are in compliance with state plumbing codes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow prevention device tester.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) No connection exists which would allow the return of water used for condensing cooling or industrial processes back to the public water supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) No pipe or pipe fitting which contains more than 8.0% lead exists in private plumbing facilities installed on or after July 1, 1988.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) No solder or flux which contains more than 0.2% lead exists in private plumbing facilities installed on or after July 1, 1988.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water services shall not be provided or restored to the private plumbing facilities until the above conditions are determined to be in compliance.

I further certify that the following materials were used in the installation of the plumbing facilities.

Service Lines	Lead	<input type="checkbox"/>	Copper	<input type="checkbox"/>	PVC	<input type="checkbox"/>	Other	<input type="checkbox"/>
Solder	Lead	<input type="checkbox"/>	Lead Free	<input type="checkbox"/>	Solvent Weld	<input type="checkbox"/>	Other	<input type="checkbox"/>

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Signature of Inspector

Registration Number

Title

Type of Registration

Date

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BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Effective January 1, 1996, the Texas Natural Resource Conservation Commission (TNRCC) requires all backflow prevention assemblies to be tested upon installation and at least annually thereafter by a Certified Backflow Prevention Device Tester. This form shall be completed by a Certified Tester and returned to the Water Authority before water service can be provided.

Name of Public Water System : Memorial Villages Water Authority

Public Water System I.D. No. : 1010148

Service Address of Backflow Device: _____

Customer Name : _____

TYPE OF ASSEMBLY

Reduced Pressure Principle
 Double Check Valve

Pressure Vacuum Breaker
 Atmosphere Vacuum Breaker

Manufacturer _____

Size _____

Model Number _____

Located at _____

Serial Number _____

Located at _____

REDUCED PRESSURE PRINCIPAL ASSEMBLY

PRESSURE VACUUM BREAKER

	REDUCED PRESSURE PRINCIPAL ASSEMBLY		PRESSURE VACUUM BREAKER		
	Double Check Valve Assembly				
	1 st Check	2 nd Check	Relief Valve	Air Inlet	Check Valve
Initial Test	DC-Closed <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at: _____ psid	Opened at: _____ psid	psid
Repairs and M	Tight RP- _____ psid Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Used					
Test After Rep	DC-Closed <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at: _____ psid	Opened at: _____ psid	psid
Made	Tight RP- _____ psid	Leaked <input type="checkbox"/>			

THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Firm Name: _____

Testers Name (Print): _____

Firm Address: _____

Testers Signature: _____

Certificate No.: _____

Firm Phone No.: _____

Date: _____

Expiration Date: _____

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Exhibit "B"