



CUSTOMER SERVICE AGREEMENT

I. PURPOSE. The CITY OF PLAINVIEW is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The public water system enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the CITY OF PLAINVIEW will begin service. In addition, when service to an existing connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.

II. RESTRICTIONS. The following unacceptable practices are prohibited by State regulations.

A. No direct connection between the public drinking water supply 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.

B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure-zone backflow prevention device.

C. No connection which allows water to be returned to the public drinking water supply is permitted.

D. No pipe or pipe fitting which contains more than .25% lead may be used for the installation or repair of plumbing at any connection which provides water for human use.

E. No solder or flux which contains more than 0.2% lead can be used for the installation or repair of plumbing at any connection which provides water for human use.

III. SERVICE AGREEMENT. The following are the terms of the service agreement between the CITY OF PLAINVIEW (the Water System) and _____(the Customer).

A. The Water System will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the Water System.

B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the Water System or its designated agent prior to initiating new water service; when there is reason to believe that cross connections or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspections shall be conducted during the Water System's normal business hours.

C. The Water System shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic re-inspection.

D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.

E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the Water System. Copies of all testing and maintenance records shall be provided to the Water System.

IV. ENFORCEMENT. If the Customer fails to comply with the terms of the Service Agreement, the Water System shall, at its option, either terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Customer.

CUSTOMER'S SIGNATURE

DATE

City of Plainview Application for Water Service

RESIDENTIAL

COMMERCIAL

Date: _____ Service Address: _____

Full Name: _____ Date of Birth: _____

Mailing Address: _____ Phone: _____

SS# or Federal ID # _____ DL#: _____ DL State: _____

Previous Address: _____ Phone: _____

Previous City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Have you had service before? _____ If so, where?: _____

Single Married Divorced

Spouse Name: _____ Date of Birth: _____

SS#: _____ DL#: _____ DL State: _____

Spouse Employer: _____ Work Phone: _____

Are you renting: Yes No Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Non-related persons living in the residence: _____

REFERENCES:

Nearest Relative: _____ Address: _____ Phone: _____

Friends Name: _____ Address: _____ Phone: _____

I understand that I may be responsible for additional collection/attorney costs should I not pay my bill, and my account is forwarded to a collection agency/attorney. I do hereby certify that the above is true and correct. By signing this application, I acknowledge that I have been given the opportunity to receive a signed copy of the service agreement.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Deposit Amount: _____ Receipt #: _____ Account #: _____

Account Transferred From: _____ Account #: _____

Total Due City: _____

Comments: _____