## CITY OF ANDREWS WATER UTILITY SERVICE AGREEMENT

- I. **PURPOSE.** The City of Andrews is responsible for protecting the drinking water supply from contamination which could result from improper plumbing practices. The purpose of this service agreement is to notify each customer of the plumbing restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health, welfare, and to comply with State Law. Each customer must sign this agreement before the City of Andrews 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. **PLUMBING RESTRICTIONS.** The following unacceptable plumbing 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 8.0% 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 percent 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 ANDREWS and the CUSTOMER.
  - a. The Water System will maintain a copy of this agreement as long as the Customer and/or the premise is connected to the Water System.
  - b. The Customer shall allow his property to be inspected for possible cross-connections and other unacceptable plumbing practices. 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 unacceptable plumbing practices exist; or after any major changes to the private plumbing facilities. The inspections shall be conducted during the Water System's normal business hours.
  - c. The Water System will notify the Customer of any cross-connection or other unacceptable plumbing practice which has been identified during the initial inspection or the periodic re-inspection.
  - d. The Customer shall immediately correct any unacceptable plumbing practice 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: |  |  |  |
|-----------------------|-------|--|--|--|
| ADDRESS:              |       |  |  |  |
| ACCOUNT NUMBER:       |       |  |  |  |

## APPLICATION FOR RESIDENTIAL UTILITY SERVICE

CITY OF ANDREWS 111 Logsdon, Andrews, TX 79714 (432) 523-4820 FAX (432) 523-6372

New utility services require an application, with valid identification, proof of residence and a deposit paid for connection of the utility service. This deposit is refundable after the account is closed and there is no outstanding balance. The name on the application needs to match the valid identification required. You must use your name, not a spouse, relative, or friend's name on this application.

| DATE:  | SEF  | RVICE ADDRESS: _      |                    |                            |
|--|--|-----------------------|--------------------|----------------------------|
| DATE TO BE TURNED ON:  |  | OWNER OF PR           | OPERTY:            |                            |
| APPLICANT'S INFORMATION:   |  |                       |                    |                            |
| Driver's License No.:  | First S  | Middle tate:          |                    | Last Name xpires:          |
| Social Security No.:   |  |                       |                    |                            |
| Home Phone No.:  |  |                       |                    |                            |
| Employer's Name:   |  |                       |                    |                            |
| Phone No.:   |  |                       |                    |                            |
| SPOUSE/SIGNIFICANT OTHER   | :  |                       |                    |                            |
|  | First  | Middle                |                    | Last                       |
| Driver's License No.:  | S  | tate:                 | E                  | xpires:                    |
| Social Security No.:   |  | Date of Birth: _      |                    |                            |
| Home Phone No.:  |  | Cell Phone No.:       |                    |                            |
| Employer's Name:   |  | Address:              |                    |                            |
| Phone No.:   |  |                       |                    |                            |
| ADDRESS WHERE BILLS APRIOR SERVICE IN ANDREWS:  IF YES, PREVIOUS ADDRESS:  I request utility service in Andrews. I name. I understand that I (or my representation of the property of the prop | E BILLS ARE TO BE ARE TO BE MAILE  I understand that I will meet | D:                    | any charges that i | -                          |
| Signature of Applicant   |  |                       |                    |                            |
| ***A minimum deposit   | of <u>\$65.00</u> plus copies                                    | of identification are | required prior to  | us establishing service*** |
| ACCOUNT NUMBER:  |  | _                     |                    |                            |

INFORMATION TO BE KEPT CONFIDENTIAL?