

GRAND ISLE CONSOLIDATED WATER DISTRICT

Mailing Address:  
P.O. Box 9  
Grand Isle, VT 05458

**Application for Water Service/Customer Agreement**  
**Must be received 7 Business Days Prior to Monthly Meeting**

I/We, the undersigned, being the occupant(s)\*/owner(s) of the premises at:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

I/We in the Grand Isle Consolidated Water District, Town of Grand Isle, Vermont (the "District"), hereby request water service at the above address. The water service shall be used for the following purpose(s). Check the appropriate items and provide information as required.

*\*Deposit required, please see page 2*

1. **Residential Service**     Single Family Unit                       Multiple Family Unit; # of Units \_\_\_\_\_

2. **Agricultural Service**     House                       Barn; Kind & # of Livestock \_\_\_\_\_  
Estimated Daily Consumption \_\_\_\_\_ Gallons

3. **Commercial**                       Store                       Service Station     Hotel/Motel; # of Units \_\_\_\_\_  
 Other; Describe \_\_\_\_\_  
Number of People Employed at Location \_\_\_\_\_  
Services Provided \_\_\_\_\_  
Estimated Daily Consumption \_\_\_\_\_ Gallons

4. **Industrial**                      Average Number of People on Premises \_\_\_\_\_  
Type of Operation \_\_\_\_\_  
Estimated Daily Consumption \_\_\_\_\_ Gallon

5. **Temporary Service**    The estimated cost to the District for installation and removal is \$ \_\_\_\_\_.  
The total estimated consumption during this temporary service is \_\_\_\_\_  
Gallons. Temporary service is requested from \_\_\_\_\_  
to \_\_\_\_\_

6. **Fire Service**                       Sprinkler     Other; Describe \_\_\_\_\_  
Maximum Flow Rate \_\_\_\_\_

7. Is there presently water service at the above location?  Yes  No

**Initial one of the following paragraphs:**

- I/We certify that the premises named on page 1 is owned by me/us, and has a present value, in excess of any liens or encumbrances, in excess of one (1) year's estimated annual charges, note below. We acquired ownership by deed recorded in Book\_\_\_\_\_, Page\_\_\_\_\_, of the Land Records of Grand Isle, Vermont. The Lot/Map ID # is\_\_\_\_\_.
- I/We understand that I/we must pay a deposit equal to the estimated cost of installation, consumption, and removal of the temporary service, as shown below, and that this deposit will be held until I/we request a termination of service. I/We further understand that this deposit will then be applied to all outstanding charges for which I am/we are responsible, and that any balance remaining after the payment of such charges will then be refunded.

I/We agree:

1. To pay promptly all bills, rates, and other charges assessed by the District in connection with the furnishing of water service to the above address, together with all lawful costs of collection, including the District's attorney's fees.
2. To give reasonable, prior notice to the District's Treasurer of any intention to terminate water service to the above address.
3. To assume full responsibility for all bills, rates, and other charges in connection with the furnishing of water service to the above address until such time as I/we have notified the District Treasurer of my/our intention to terminate such service.
4. To comply with the Rules and Regulations of the District as currently in effect and as may be adopted or amended, from time to time, including such emergency rules as the Board of Commissioners may adopt. A copy of the Water Ordinance is on file with the Town Clerk.

Signed:\_\_\_\_\_

Date:\_\_\_\_\_

Signed:\_\_\_\_\_

Date:\_\_\_\_\_

**TO BE COMPLETED BY THE GRAND ISLE CONSOLIDATED WATER DISTRICT**

Charges for Water Service:	Metered usage	\$ 30.00 per quarter (minimum usage) Plus \$ 3.29 per 1000gallons
	Debt Retirement	\$ 82.50 per quarter
	<b>Total per quarter:</b>	<b><u>\$112.50 per quarter + \$3.29/1000 Gals</u></b>

Service Connection Fee \$3,000\_\_\_\_\_

Other Fees: Itemized \_\_\_\_\_

Accepted by:\_\_\_\_\_

Date:\_\_\_\_\_

---

**GRAND ISLE CONSOLIDATED WATER DISTRICT  
PO BOX 9, GRAND ISLE (372-3865)**

**CONNECTION CHECKLIST FOR RESIDENTIAL SERVICE CONNECTIONS**

**NAME OF OWNER** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

PRECONSTRUCTION

GICWD Initials

- \_\_\_\_\_ Submit application with payment at a monthly Commissioner's meeting. Receive Permission for connection to the GICWD.
- \_\_\_\_\_ Provide GICWD with a utility easement if required. (Easements are only required if the curbstop is to be located on a private road or private property.)

CONSTRUCTION

(All construction, inspection and certification costs are the responsibility of the owner)

- \_\_\_\_\_ GICWD representative contacted to notify of schedule for installation of service. 48 hour notice is required. **(note: Digging near or connecting to existing GICWD mains must be coordinated with a GICWD representative. Digsafe must be contacted before any digging is commenced. Digging in Town or State R.O.W. requires permission from the Town Selectboard or VTRANS)**
- \_\_\_\_\_ Service line materials and installation meets GICWD specifications and has been verified by a GICWD representative.
- \_\_\_\_\_ Water meter obtained from GICWD and meter installation inspected by a GICWD representative.
- \_\_\_\_\_ Meter installation(s) inspected and water turned on.

Note:

**ONLY A REPRESENTATIVE FROM GICWD MAY TURN WATER ON AND OFF. ANY CONNECTIONS MADE TO EXISTING GICWD MAINS MUST BE WITNESSED BY A GICWD REPRESENTATIVE. YOU MAY BE REQUIRED TO EXCAVATE LINES IF THE APPROPRIATE INSPECTIONS HAVE NOT BEEN MADE. IT IS THE RESPONSIBILITY OF THE OWNER TO INSURE THAT THIS CHECKLIST HAS BEEN PROPERLY COMPLETED WITH GICWD INITIALS.**

**To be signed by the owner: I have read and understand the above required steps and agree to be responsible for their completion. Owner Signature:** \_\_\_\_\_

**RAND ISLE CONSOLIDATED WATER DISTRICT  
PO BOX 9, GRAND ISLE (372-3865)  
CONNECTION CHECKLIST FOR SUBDIVISIONS, COMMERCIAL, INDUSTRIAL OR  
AGRICULTURAL CONNECTIONS**

NAME OF OWNER \_\_\_\_\_

LOCATION \_\_\_\_\_

PRECONSTRUCTION

GICWD Initials

- \_\_\_\_\_ Submit application with payment at a monthly Commissioner's meeting. Receive Permission for future connection to the GICWD.
- \_\_\_\_\_ Construction drawings and specifications submitted to GICWD and reviewed by GICWD engineer at owners expense.
- \_\_\_\_\_ Utility easements provided to GICWD and recorded in the Town of Grand Isle Land Records for any distribution lines not located in the public right of way.

CONSTRUCTION

(All construction, inspection and certification costs are the responsibility of the owner)

(Note: Digging near or connecting to existing GICWD mains must be coordinated with a GICWD rep.)

- \_\_\_\_\_ Distribution Mains inspected by a professional engineer before backfilled and certification submitted.
- \_\_\_\_\_ Distribution Mains pressure tested to GICWD standards and certification submitted by a professional engineer.
- \_\_\_\_\_ Distribution Mains disinfected according to AWWA and State of Vt. Standards and certification submitted. Proof of bacteriological testing at a state certified lab. submitted to GICWD.
- \_\_\_\_\_ Water meter(s) obtained from GICWD for service. . (Residential checklists for individual connections will be required where appropriate.)
- \_\_\_\_\_ Meter installation(s) inspected and water turned on.

Note:

**ONLY A REPRESENTATIVE FROM GICWD MAY TURN WATER ON AND OFF. ANY CONNECTIONS MADE TO EXISTING GICWD MAINS MUST BE WITNESSED BY A GICWD REPRESENTATIVE. YOU MAY BE REQUIRED TO EXCAVATE LINES IF THE APPROPRIATE INSPECTIONS HAVE NOT BEEN MADE. IT IS THE RESPONSIBILITY OF THE OWNER TO INSURE THAT THIS CHECKLIST HAS BEEN PROPERLY COMPLETED WITH GICWD INITIALS.**

**To be signed by the owner: I have read and understand the above required steps and agree to be responsible for their completion.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_