

Grand Isle Consolidated Water District

PO Box 9, Grand Isle, VT 05458 (802)372-3865

www.gicwd.com

Customer Agreement and Application for Water Service

This must be completed and received (along with payment of the applicable connection fee) seven (7) business days prior to the monthly meeting of the Board of Commissioners in order to be considered at that meeting.

Name: _____

Address: _____ Apt. #: _____

Billing Address: _____

Home Phone: _____ Email Address: _____

Additional information for VT-Alert notification:

Cell Phone: _____ Provider: _____ Email: _____

Cell Phone: _____ Provider: _____ Email: _____

Legal Description of Property: _____

Is there presently water service at this property? _____

This must be completed and received (along with payment of the applicable connection fee) seven (7) business days prior to the monthly meeting of the Board of Commissioners in order to be considered at that meeting.

1) I/We are property owners and/or reside in the Grand Isle Consolidated Water District and hereby request water service at the above address. The water shall be used for the following purpose(s) (check appropriate circle(s) and provide information as indicated):

Residential: Single Family home Multiple Family Unit – no. of units: _____

Agricultural: Home Barn – Kind and no. of livestock: _____

Commercial: Store Service Station Motel/Hotel – no. units: _____

Other - describe: _____

Number of people employed on property: _____

Services provided: _____

Industrial: Average number of people on premises: _____

Type of operation: _____

Temporary Service: Requested from (date) _____ to (date) _____

Estimated consumption during this period: _____ gallons

Estimated cost to the District for installation and removal of water service is \$_____

Fire Service: Sprinkler Other – describe: _____

Maximum flow rate: _____

2) Estimated daily consumption: _____ gallons (found in your State of Vermont Potable Water & Wastewater Disposal permit).

3) Check the circle for 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 year’s estimated total charges. I/We acquired ownership of the property by deed as recorded in book _____, page _____ of the Land Records of Grand Isle, VT. The Lot Map ID no. is: _____.

I/We occupy, but do not own, the property and understand that a deposit equal to the estimated cost of installation, consumption and removal of the temporary service is required prior to installation. This deposit will be held until I/We request termination of the 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.

4) I/We agree:

- a) 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.
- b) To give reasonable, prior notice to the District’s Treasurer of any intention to terminate water service to the property named on page 1.
- c) To assume full responsibility for all bills, rates and other charges in connection with the furnishing of water service to the property named on page 1 until such time as I/we have notified the District Treasurer of my/our intention to terminate the service.
- d) 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 emergency rules the Board of Commissioners may adopt. (A copy of the Water Ordinance for GICWD is on file with the Grand Isle Town Clerk.)

Water Rates are adjusted annually and are always subject to change.

For Current Water Service Rates, please visit our website www.gicwd.com.

Notes: The District’s Board may determine that multiple Debt Services and/or Base Rates will apply.

The rates will changes each year to cover the budget approved for that year.

Included with this application is the required \$3500 connection fee.

Signed: _____ Date: _____

Signed: _____ Date: _____

Application approved by GICWD Chairman: _____ Date: _____

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Residential Service Connections Checklist

Name of Applicant: _____

Address of Property: _____

- 1) Preconstruction
 - a) Submit Customer Agreement and Application with payment seven business days before a monthly Board of Commissioners meeting. Once approved you will receive a copy of the signed Customer Agreement/Application and this Checklist as permission for connection to the GICWD.
 - b) Provide GICWD with a utility easement if required (required only if the curbstop is to be located on a private road or private property).
- 2) Construction *(all construction, inspection and certification costs are the responsibility of the owner)*
 - a) A GICWD must be notified, at least 48 hours in advance, of the schedule for installation of service. Digsafe must be contacted before any digging commences. Digging near or connecting to existing GICWD mains must be coordinated with a GICWD representative. Digging in Town or State Right of Ways requires permission from the Town Selectboard or the State VTRANS.
 - b) Service line materials and installation must meet GICWD specifications and be verified by a GICWD representative.
 - c) Water meters are to be obtained from GICWD and the meter installation inspected by a GICWD representative.
 - d) After the meter is inspected the water may be turned on by a GICWD representative.

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 occurred.

It is the responsibility of the owner to insure that this checklist has been properly completed and signed by a GICWD representative.

I have read and understand the above required steps and agree to be responsible for their completion.

Owner's Signature: _____ Date: _____

GICWD Representative Signature: _____ Date: _____

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Subdivisions, Commercial, Industrial and Agricultural Service Connection Checklist

Name of Applicant: _____

Address of Property: _____

(Note: If appropriate, residential checklists for individual connections will be required)

1) Preconstruction

- a) Submit Customer Agreement and Application with payment seven business days before a monthly Board of Commissioners meeting. Once approved you will receive a copy of the signed Customer Agreement/Application and this Checklist as permission for connection to the GICWD.
- b) Submit construction drawings and specifications to GICWD for review by GICWD's engineer at owner's expense.
- c) Provide GICWD with a utility easement if required (required only if the curbstop is to be located on a private road or private property). Record the easements in the Town of Grand Isle Land Records.

2) Construction *(all construction, inspection and certification costs are the responsibility of the owner)*

(Digging near or connecting to existing GICWD mains must be coordinated with a GICWD representative)

- a) A professional engineer must inspect the Distribution Mains before backfilling and certification must be provided to GICWD.
- b) A professional engineer must pressure test Distribution Mains to GICWD standards and certification must be provided to GICWD.
- c) Distribution Mains must be disinfected according to AWWA and State of Vermont standards and certification must be provided to GICWD. A State certified lab is to perform Total Coliform testing and the results must be submitted to GICWD.
- d) Water meters are to be obtained from GICWD.
- e) A GICWD representative will inspect the meter installation and turn on the water.

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 occurred.

It is the responsibility of the owner to insure that this checklist has been properly completed and signed by a GICWD representative.

I have read and understand the above required steps and agree to be responsible for their completion.

Owner's Signature: _____ Date: _____

GICWD Representative Signature: _____ Date: _____