



## APPLICATION FOR SERVICE

Complete and return this form with all required documents and information to:

Scott County PSA  
156 Legion Street  
Weber City, VA 24290  
276-386-3401

OFFICE USE ONLY	
Received: ____/____/20____	<input type="checkbox"/> Water <input type="checkbox"/> Sewer
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	If Non-res., meter = ____-inch
Connection fee paid: \$ _____	Deposit paid: \$ _____
Admin. Fee paid: \$ _____	Account No. _____
Meter No. _____	Connected: ____/____/20____
Disconnected: ____/____/20____	Scanned: <input type="checkbox"/> Staff initials: _____

Please mark all the appropriate boxes and fill in the required blanks:

<b>Type of service:</b>	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer	<b>Check one:</b>
<b>Type of connection:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Non-residential	<input type="checkbox"/> Existing system <input type="checkbox"/> New project <b>Project name:</b>
	<input type="checkbox"/> Single family <input type="checkbox"/> Multi-unit	<input type="checkbox"/> Single tenant <input type="checkbox"/> Multi-unit	
<b>Building status:</b>	<input type="checkbox"/> Existing	<input type="checkbox"/> Not yet built	<b>Occupancy date:</b> ____/____/20____
<b>Ownership status:</b>	<input type="checkbox"/> I own this property <input type="checkbox"/> I rent this property (If renting, owner must complete lower section.)		
<b>Applicant name:</b>	First:	Middle:	Last:
<b>PSA account status:</b>	<input type="checkbox"/> Have current account	<input type="checkbox"/> Had previous account	<input type="checkbox"/> Never a SCPSA customer
<b>Service Address:</b>	Street/POB: _____	City: _____	State/Zip: _____
<b>Mailing Address:</b> <small>(If same, leave blank.)</small>	Street/POB: _____	City: _____	State/Zip: _____
<b>Telephone Nos.:</b>	Primary: _____	Secondary: _____	
<b>Email address:</b>	_____		
<b>Security info:</b>	Date of birth:    /    /	Social Security Number: _____	
<b>Driver's License:</b>	State: _____	Number: _____	Exp. Date: _____
<b>Health certification:</b> Code 15.2-5138(3)	<input type="checkbox"/> No applicable health issues	<input type="checkbox"/> Yes, and submitted health endangerment certification	
<b>Choose bill delivery:</b>	<input type="checkbox"/> Mail	<input type="checkbox"/> Email: _____@_____	
<b>Choose payment:</b>	<input type="checkbox"/> Mail, in-person, or online	<input type="checkbox"/> Automatic bank draft (must complete separate ACH Authorization Form)	

*I, the above named Applicant, certify that the above information is correct and that I have read and agree to the "TERMS AND CONDITIONS FOR WATER AND SEWER SERVICE" on the reverse side of this form.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**If the Applicant is leasing the property that is to be served, the property owner must complete this section:**

<b>Property Owner Name:</b>	_____		
<b>Mailing Address:</b>	Street/POB: _____	City: _____	State/Zip: _____
<b>Telephone Nos. :</b>	Primary: _____	Secondary: _____	
<b>Email address:</b>	_____		

*The above Applicant has entered into a lease for the property located at the above listed Service Address and I as Property Owner or authorized representative hereby authorize the Applicant to obtain water or sewer service at this address as a tenant.*

**Property owner signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

## TERMS AND CONDITIONS FOR WATER AND SEWER SERVICE

1. Customer will abide by Scott County Public Service Authority (SCPSA) Rules and Regulations, the SCPSA Cross Connection Control Program, applicable Scott County ordinances, the Virginia Plumbing Code, and the Uniform Statewide Building Code.
2. Customer will pay all SCPSA charges, including connection fee, deposit, administrative fee, monthly use charges, penalties and reconnection fees.
3. SCPSA will provide sufficient water and sewer system capacity to serve Customer's connection, including a minimum pressure of 20 psi at customer's water meter under normal conditions as required by state regulations.
4. SCPSA will mail bills before the 1<sup>st</sup> of each month. Customer payment is due the 10<sup>th</sup> of each month and SCPSA will assess a 10% penalty if payment is made after the 10<sup>th</sup> of the month. SCPSA will disconnect service if a bill is not paid by the 20<sup>th</sup> of the following month.
5. Customer will allow SCPSA to inspect the customer's water and sewer plumbing at any reasonable time deemed necessary by SCPSA to verify there are no cross connections or other hazards to the SCPSA water or sewer system.
6. Customer will keep their water meter and the first sewer cleanout accessible at all times and will give SCPSA the right of ingress and egress to the meter or the first sewer cleanout for the purpose of meter reading, cross-connection prevention, sampling, repair and maintenance of SCPSA lines and equipment, or other necessary operations.
7. Customer will install and maintain all plumbing on the customer's side of the water meter or sewer tap (unless installed by SCPSA as part of a new waterline project). This includes installing (1) the water service line to the SCPSA meter, plus any PRV or cutoff valve required by the building code on the customer's side of the water meter, and (2) the sewer service line (at a minimum slope of 1/8 inch per foot) to the SCPSA sewer tap; and repairing leaks in the customer's plumbing.
8. Customer will contact SCPSA prior to backfilling and covering Customer's new water or sewer service line. This is for SCPSA's benefit to allow SCPSA to inspect the connection of the water or sewer service line. This inspection does not replace any inspection required by the Scott County Building Official.
9. Customer will disconnect all private sources of water (wells, springs, cisterns, etc.) from the building plumbing before connecting to the SCPSA meter.
10. Customer will prohibit extension of the customer's service line to serve additional customers. All customer connections must have a separate SCPSA meter or a separate sewer tap.
11. SCPSA has a Water Leak Adjustment Policy with the following main stipulations: (1) The leak must be on the customer side of the meter; (2) The customer must request the adjustment after repairing the leak; (3) The leak must have caused the water usage to exceed 3 times the normal usage; (4) The adjustment may be applied to two consecutive months; and (5) A leak adjustment may only be done once in 12 months.
12. Customer will inform SCPSA of any changes to their account, including name and billing address changes.
13. Customer will prevent the discharge of the following into the SCPSA sewer system: storm water, surface water, groundwater, roof runoff, swimming pool discharge, and condensate. This includes discharges from sources of runoff, rain, or groundwater including sump pumps, gutters, downspouts, and storm drains.
14. Customer will prevent the discharge of materials into the SCPSA sewer that are harmful to the SCPSA sewer system and the wastewater treatment processes, including greases, oils, petroleum products, flammable liquids, corrosive liquids, toxic chemicals, pesticides, and solids with a dimension larger than ½-inch.
15. Customer must sign and submit the SCPSA form "Authorization to Turn On Water Service Waiver and Release of Liability".