



PO BOX 409-Tomball, TX 77377 281-356-5347, FAX: 281-356-5382 www.quadvest.com

## AGREEMENT FOR TEMPORARY WATER SERVICE

The water utility service applicant indicated below ("Customer") has applied for water utility service from QUADVEST, L.P. ("Utility") at the service location indicated below. Under state public health and water utility service regulations [30 TAC 290.46(j)], Utility may not provide continuous potable water utility service to any new construction, to any existing service location where significant plumbing modifications have been made, or to any location where Utility has reason to believe that a cross-connection or other undesirable or unsafe condition exists until the service applicant or customer presents Utility with an executed Customer Service Inspection Certificate (30 TAC 290.47-Appendix D). It is Customer's sole obligation and responsibility, at his/her expense, to have the necessary inspection performed by a properly licensed inspector. Neither Utility nor its operators perform customer service inspections.

Notwithstanding this inspection requirement before permanent water service can be provided, Utility is allowed to provide Customer with temporary water service for construction purposes only. Utility agrees to prove such temporary construction water service at its standard rates and conditions of service upon Customer's agreement that:

1. The water service provided will be used for construction, testing or landscaping purposes only.
2. The water provided will not be consumed by humans or animals.
3. Customer will notify Utility in writing when to initiate the temporary construction service.
4. Customer will notify Utility in writing when construction at the indicated service location has ended.
5. Customer agrees not to occupy or reside in the indicated service location until Customer has delivered a fully executed Customer Service Inspection Certificate to Utility.
6. Taps not installed within 6 months are subject to a rate change.

If Customer fails to abide by any provision of this agreement, water service to the indicated service location will be terminated and will not be restored under any circumstances until a fully executed Customer Service Inspection Certificate has been delivered to Utility. Termination will be made without notice if, in the opinion of Utility's licensed operator(s), Customer's service creates an immediate hazard to public health and safety. If no such hazard exists, Customer shall be notified and given a limited time to come into compliance. Utility's state-approved reconnect fee will be charged as a condition of service restoration if temporary water service is terminated for breach of this agreement.

Customer name: \_\_\_\_\_

Customer billing address: \_\_\_\_\_

(Include street, city, and zip)

Customer phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Customer DL#: \_\_\_\_\_ (Copy Required) Customer SS#: \_\_\_\_\_

Service address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Meter Req.: \_\_\_\_\_ 5/8" \_\_\_\_\_ 1"

Print customer name: \_\_\_\_\_

OFFICE USE ONLY: Date Rec'd: \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Payment Ref: \_\_\_\_\_

Locate #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Key Map #: \_\_\_\_\_

Cross Street: \_\_\_\_\_ Meter: \_\_\_\_\_ 5/8" \_\_\_\_\_ 1"

Short Tap: \_\_\_\_\_ Bore: \_\_\_\_\_ Connection Size: \_\_\_\_\_ Rt. Corner \_\_\_\_\_ Left Corner \_\_\_\_\_

Single Tap: \_\_\_\_\_ Double Tap: \_\_\_\_\_ Handset: \_\_\_\_\_

Account #: \_\_\_\_\_ Notes: \_\_\_\_\_



**SECTION 1.0 - RATE SCHEDULE**

**Section 1.01 - Rates**

<u>Meter Size</u>	<u>Monthly Minimum Rate</u> (includes -0- gallons all meters)	<u>Gallonage Charge</u>
5/8 x 3/4"	\$ 26.00	\$1.85/1000 gallon to 10,000 gal
1"	65.00	\$2.00/1000 gallon to 21000 gal
1 1/2"	130.00	\$2.20/1000 gallon to 31000 gal
2"	208.00	\$3.00/1000 gallon > 31000 gal
3"	416.00	
4"	650.00	
6"	1,300.00	

**REGULATORY ASSESSMENT** ..... 1.0%  
 A REGULATORY ASSESSMENT, EQUAL TO ONE PERCENT OF THE CHARGE FOR RETAIL WATER SERVICE ONLY, SHALL BE COLLECTED FROM EACH RETAIL CUSTOMER

**FORM OF PAYMENT: THE UTILITY WILL ACCEPT THE FOLLOWING FORM(S) OF PAYMENT :**

Cash x , Check x , Money Order X , Discovery X , MasterCard X , Visa X Band Draft X  
 (THE UTILITY MAY REQUIRE EXACT CHANGE FOR PAYMENTS AND MAY REFUSE TO ACCEPT PAYMENTS MADE USING MORE THAN \$1.00 IN SMALL COINS. A WRITTEN RECEIPT WILL BE GIVEN FOR CASH PAYMENTS.)

**Section 1.02 - Miscellaneous Fees**

**TAP FEE 5/8" x 3/4" meter** **\$685.00**  
 Plus unique costs at actual cost where permitted by TCEQ rule

**TAP FEE 1" meter** **\$750.00**  
 Plus unique costs at actual cost where permitted by TCEQ rule

**LARGE METER TAP FEE** **Actual**  
**Cost**  
 TAP FEE IS BASED ON THE UTILITY'S ACTUAL COST FOR MATERIALS AND LABOR FOR METERS LARGER THAN STANDARD 1" METER.

**RECONNECTION FEE**

THE RECONNECT FEE WILL BE CHARGED BEFORE SERVICE CAN BE RESTORED TO A CUSTOMER WHO HAS BEEN DISCONNECTED FOR THE FOLLOWING REASONS:

- |    |                                       |         |
|----|---------------------------------------|---------|
| a) | Non payment of bill (Maximum \$25.00) | \$25.00 |
| b) | Customer's request                    | \$45.00 |
| c) | Cut lock                              | \$25.00 |
- OR OTHER REASONS LISTED UNDER SECTION 2.0 OF THIS TARIFF

**TRANSFER FEE** **\$45.00**  
 THE TRANSFER FEE WILL BE CHARGED FOR CHANGING AN ACCOUNT NAME AT THE SAME SERVICE LOCATION WHEN THE SERVICE IS NOT DISCONNECTED



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

## Authorization Agreement for Bank or Credit Card Debiting

If you would like to enjoy the convenience of automatic billing, simply complete either the Bank or Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically debit your bank account or credit card the appropriate amount indicated on your monthly bill on the due date. You may cancel this automatic billing authorization at any time through written notification. Please allow up to 30 days for processing enrollment forms and cancellation notices.

### Customer Information (To be completed by Customer)

Customer name: \_\_\_\_\_ Customer Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

I (we) hereby authorize Quadvest, L.P. to initiate debit entries to my (our)  Checking  Savings or  Credit Card indicated below the appropriate monthly amount due for my (our) utility service on the due date. I also understand that this automatic billing will continue until written cancellation is provided to Quadvest. Please note due dates are pre-set.

Month to begin: \_\_\_\_\_

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card Information

Credit Card Type:  Visa  Mastercard  Discover Credit Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Address and Zip Code: \_\_\_\_\_  
(as shown on credit card) (credit card billing address)

CSI (Security Code): \_\_\_\_\_

### Banking Information

Bank Type:  Checking  Savings **\*Must include a Voided check to process**  
 Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Route No.: \_\_\_\_\_ Bank Account No: \_\_\_\_\_

Mail/Fax when house is completed to: **Quadvest, L.P., P.O. Box 409, Tomball, TX 77377, 281-356-5382**  
 Must be completed and returned before initiating permanent service.

**CUSTOMER SERVICE INSPECTION CERTIFICATION**

Name of PWS: **Quadvest, L.P.** PWS I.D: # \_\_\_\_\_  
 Location of Service: Subdivision \_\_\_\_\_ Sec. \_\_\_\_\_ Blk \_\_\_\_\_ Lot \_\_\_\_\_  
 Service \_\_\_\_\_  
 Address: \_\_\_\_\_

Reason for Inspection: New Connection ..... ↑  
 Existing service where contaminate hazards are suspected..... ↑  
 Major renovation or expansion of distribution facilities..... ↑

I, \_\_\_\_\_ upon inspection of the private water distribution facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

1. No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with Commission regulations.  
 \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance
2. No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for an annual inspection and testing by a certified backflow prevention assembly tester.  
 \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance
3. No connection exists which would allow the return of water used for condensing, cooling, or industrial processes back to the public water supply.  
 \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance
4. No pipe or pipe fitting which contains more the 8.0% lead exists in private water distribution facilities installed on or after July 1, 1988.  
 \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance
5. No solder of flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988.  
 \_\_\_\_\_ Compliance \_\_\_\_\_ Non-Compliance

I further certify that the following materials were used in the installation of the plumbing facilities:

Service Lines    \_\_\_ Lead    \_\_\_ Copper    \_\_\_ PVC    \_\_\_ Other \_\_\_\_\_  
 Solder            \_\_\_ Lead    \_\_\_ Copper    \_\_\_ PVC    \_\_\_ Other \_\_\_\_\_

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Remarks: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Inspector Reg. No. \_\_\_\_\_

Title: \_\_\_\_\_ Type of Registration: \_\_\_\_\_

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