

## WELCOME TO LAZY RIVER ID

When applying for water service in Lazy River ID you will need to fill out the attached Application for Service and bring it in or overnight it to our office located at 19720 Kuykendahl, Spring, TX 77379 along with the following:

If you purchased the property:

- Proof of purchase ie: Closing Disclosure or Settlement Statement
- Picture ID
- A check or money order in the amount of \$125.00 (\$100.00 deposit + \$25.00 transfer fee) payable to Lazy River ID

If you are leasing the property:

- A copy of your Lease Agreement
- Picture ID
- A check or money order in the amount of \$150.00 (\$125.00 deposit + \$25.00 transfer fee payable to Lazy River ID

- All of the aforementioned documentation must be received in order for service connection to take place.

- Service connection is a next business day service. Connection takes place Monday – Friday between the hours of 8:00 am – 5:00 pm.

We look forward to serving you. Should you ever need assistance please contact our office at 281-651-0861. Have a great day!

# LAZY RIVER I.D. APPLICATION FOR SERVICE

TODAY'S DATE: \_\_\_\_\_ REQUESTED SERVICE DATE: \_\_\_\_\_

RENT [ ] OWN [ ] PROPERTY MANAGEMENT [ ]

DOES THE HOME HAVE A POOL OR IRRIGATION SYSTEM? YES [ ] NO [ ]

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST

CO-APPLICANT NAME: \_\_\_\_\_  
LAST FIRST

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

APPLICANT SOCIAL SECURITY # (last 4 digits): XXX-XX-\_\_\_\_\_ ID/DL # \_\_\_\_\_

CO-APPLICANT SOCIAL SECURITY # (last 4 digits): XXX-XX-\_\_\_\_\_ ID/DL # \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ ALT PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

## **PURCHASE/LEASE PROPERTY:**

MORTGAGE CO./LANDLORD NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

I hereby certify that, my home, or the home under my care, will be prepared to have the water turned on, as requested, on the date of service noted above. All faucets, washer connections and outside faucets will be off. I understand that neither, Lazy River ID, or its management personnel are responsible for any damage(s) resulting from the fulfillment of my request.

Signature: \_\_\_\_\_

## **OFFICE USE ONLY:**

DEPOSIT AMOUNT: \$ _____	APPLICATION FEE AMOUNT: \$ _____	DATE COLLECTED: _____
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ACCOUNT # _____	CHECK/ MONEY ORDER #: _____
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SERVICE ORDER CREATED: _____	READING: _____
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ENTERED IN COMPUTER: _____	DAYS BILLED: _____
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**LAZY RIVER IMPROVEMENT DISTRICT  
RETAIL SERVICE AGREEMENT**

**I. PURPOSE.** LAZY RIVER IMPROVEMENT DISTRICT (the "District") is responsible for protecting the drinking water supply from contamination or pollution which could result from improper system construction or configuration on the retail connection owner's side of the meter. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The District enforces these restrictions to ensure the public health and welfare. Each retail customer must sign this agreement before the District will begin service. In addition, when service to an existing retail connection has been suspended or terminated, the District will not re-establish service unless it has a signed copy of this agreement.

**II. RESTRICTIONS.** The following unacceptable 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 District and the undersigned (the "Customer").

A. The District will maintain a copy of this agreement as long as the Customer and/or the premises is connected to the District's water system.

B. The Customer shall allow his property to be inspected for possible cross-connections and other potential contamination hazards. These inspections shall be conducted by the District or its designated agent prior to initiating new service; when there is reason to believe that cross-connections or other potential contamination hazards exist; or after any major changes

to the private water distribution facilities. The inspections shall be conducted during the District's normal business hours.

C. The District shall notify the Customer in writing of any cross-connection or other potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.

D. The Customer shall immediately remove or adequately isolate any potential cross-connections or other potential contamination hazards on his premises.

E. The Customer shall, at his expense, properly install, test, and maintain any backflow prevention device required by the District. Copies of all testing and maintenance records shall be provided to the District.

**IV. ENFORCEMENT.** If the Customer fails to comply with the terms of the Service Agreement, the District 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.

DATE: \_\_\_\_\_

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

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

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_