

## Water District 7

P.O. Box 28700, Bellingham, WA 98228  
PHONE: (360)752-9208 / FAX: (360)393-4739  
Email Address: [office@waterdistrict7.com](mailto:office@waterdistrict7.com)

Application for New or Additional Water Service

### INSTRUCTIONS

#### **Please Read Entire Application Carefully Before Completing**

This application will be used to determine if your request for New or Additional Water Service(s) will be approved. It is recommended that you **submit your application** in person during regular business hours along with the **required non-refundable \$100 application fee**. Once received the Water District staff will review the application to determine if it is complete and meets the minimum qualifications for service. Once the application is complete it will be accepted and be given a priority date. Incorrectly completed applications may result in additional fees and/or delay processing and approval and will be the responsibility of the applicant. In addition, if the water service or meter is determined to be too small for its intended use as a result of incorrect information on the application the applicant will accept full responsibility for the cost of any changes required to the upgrade the service. Once an application is approved, all fees for Service(s), Additional Service Connection(s), Additional Equivalent Residential Units (ERU's) and any additional processing fees are due and payable in full. If payment is not received within 30 days of approval the application and priority date will be suspended until payment is received. After 60 days the application and priority date will become void. The cost of all materials, labor, and equipment incurred by the Water District 7 to tap the water main, install the required water meter, accessories, and back flow prevention is the financial responsibility of the applicant. Any expenses to be incurred by Water District 7 on behalf of the applicant are due in full before the service will be installed and turned on. If the costs cannot be determined prior to installation, a deposit may be required for one and one half times the estimated cost. Installation of service from the main to the service meter, which shall be located at the property line nearest the adjacent main with adequate capacity, shall be installed only by a Water District 7 representative or approved contractor. All connections to the PRWA distribution must be inspected and approved by the association prior to the water service being turned on. Nothing contained herein shall mean, or be construed to mean, that the Utility has or shall be required to inspect or examine the plans or premises of the Applicant, or in any way be responsible for the condition of the pipes or water system on the Applicant's premises. I understand that Membership and all water connections are subject to the Bylaws, Rules, Regulations, Policies, and Construction Standards of Water District 7 including the minimum monthly base rate, as well as the regulations of the local, State, and Federal Drinking Water standards and plumbing regulations. I have read these instructions and I have had adequate opportunity to review and understand Water District 7 Application for New or Additional Water Service. I agree to comply with all the terms and conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Date: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_

APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

**Applicant Information:**

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

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

Property Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Legal Description (attach full legal description, section map, parcel map, deed history):

Property Owner Information:

Name First: \_\_\_\_\_ Initial: \_\_\_\_ Last: \_\_\_\_\_

Mailing Address (If different from service address): \_\_\_\_\_

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

Billing Address (If different from above address): \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

General Information Is property currently serviced by WCWD7? Yes \_\_\_ No \_\_\_

If yes list current account # \_\_\_\_\_

Has the property ever been serviced by another source: (well, system, etc) No \_\_\_ Yes \_\_\_

If yes please provide details: \_\_\_\_\_

(If the property has been or will continue to be serviced by a well or other source of water, the WCWD7 and the State Department of Health will require the alternate source to be inspected and physically disconnected from the onsite distribution system to be serviced by the WCWD7. In some cases WCWD7 may require that adequate cross connection control measures be implemented at the customers expense before service can be activated.

# WCWD 7 APPLICATION FOR NEW/ADDITIONAL WATER SERVICE

## For Office Use Only:

### Application Fees Due

Application Fee (\$100): \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Additional Processing Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Other Processing Fees: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Additional Deposit Required: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

**Approval Fees Due:** \_\_\_\_\_ Fee Due: \$ \_\_\_\_\_

Additional ERU's Approved: \_\_\_\_\_ ERU Fee Due: \$ \_\_\_\_\_

Additional Connections Approved: \_\_\_\_\_ Connection Fee Due: \$ \_\_\_\_\_

Other Fees: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Other Fees: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

Total Payment Received: Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Water User Agreement Signed: Date: \_\_\_\_\_ Received By: \_\_\_\_\_

Notice of Membership Recorded: Date: \_\_\_\_\_ Recorded By: \_\_\_\_\_

Certificate Number Assigned: # \_\_\_\_\_ Date: \_\_\_\_\_ Assigned By: \_\_\_\_\_

Account Number Assigned: # \_\_\_\_\_ Date: \_\_\_\_\_ Assigned By: \_\_\_\_\_

Customer Account File Created: Date: \_\_\_\_\_ Created By: \_\_\_\_\_

Utility Billing System Updated: Date: \_\_\_\_\_ Created By: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Created By: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_ Created By: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated date new/additional service will be activated: \_\_\_\_\_

Type of Service Requested: (List Additional ERU's)

Single Family Residence: \_\_\_\_ / \_\_\_\_ Guest House/Mother-in-law suite: \_\_\_\_ / \_\_\_\_

Duplex/2 Unit Condo: \_\_\_\_ / \_\_\_\_ Multi-Family Unit Apt./Condo: \_\_\_\_ / \_\_\_\_

Commercial: \_\_\_\_ / \_\_\_\_ Nature of Service: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Property/Lot Size \_\_\_\_\_ (sq ft / acres) Zoning: \_\_\_\_\_

Proposed Building Square Feet: \_\_\_\_\_ Number of Stories/Floors: \_\_\_\_\_

Estimated distance from property frontage to furthest expected use: \_\_\_\_\_ ft

Lawn Irrigation System: Yes \_\_\_ No \_\_\_ If yes: Existing Sq. Ft. \_\_\_\_\_ Future Sq. Ft. \_\_\_\_\_

Total estimated gallons of water needed daily: \_\_\_\_\_ GPD (1 Average ERU = 225 gal/day)

Size of service requested (1" Standard, 2") \_\_\_\_\_

Size of meter requested (5/8" Standard, 3/4", 1", 1 1/2", 2") \_\_\_\_\_

Applicant Initials: \_\_\_\_\_