Jacumba Community Service District

1266 Railroad St/ P.O. Box 425 Jacumba, CA 91934 jacumbawater@att.net Office 619-766-4359 Fax 619-766-9061

APPLICATION FOR BULK WATER SALES

(please type or print clearly)

| (pressed type of print electric) | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|
| COMPANY: | | | | | |
| NAME: BILLING ADDI | DRESS: | | | | |
| CITY: | STATE: | ZIP: | | | |
| | | | | | |
| CONTACT PE | | | | | |
| | | | | | |
| E-MAIL ADDRE | RESS: | | | | |
| l agree to pay f | for water usage in accordance with the Jacumba Community Service Dis | strict Administrative Code of Rules and | | | |
| | Regulations on file at the District Office. | | | | |
| | CONSTRUCTION RATE STRUCTURE AND BILL | LING | | | |
| | ADMIN/BASE RATE: \$121.54 PER MONTH | | | | |
| | PUMPING FEE: \$243.09 PER MONTH | | | | |
| | WATER USAGE: \$17.58 PER 100 CUBIC FE | ET | | | |
| | (Pumping Fee and Base Rate are prorated by number of days us Construction Water Rates will go up 5% beginning July 1st 2 | · | | | |
| | Non-potable water can be purchased from JCSD a | t Highland | | | |
| | Center Well: | A / - II \ | | | |
| A log is to be ke | 44681OLD HWY Jacumba, Ca 91934 (HLC V kept and completed daily at the time of each filling operation. Log is each month. Billing is completed monthly. | | | | |
| District | ct will monitor and check meter at well house each pumping day and | | | | |
| | Water Trucks/ Tanks will be filled from 7:00 AM- 4 | | | | |
| | Water Trucks driving through town must adhere to s Contractor will let District know how many trucks and loads will | | | | |
| | 150,000 Gallons pumped limit per day on highlar | • | | | |
| A late fee of | e of 10% will be charged to any account with an outstanding balance afte | r 30 days of the billing date. | | | |
| A service charge of \$25.00 will be added to any account with a return check for non-sufficient funds. | | | | | |
| | d will be given for any reason. | | | | |
| Invoices w | will be send out on 1st of each month via email (if 1st falls on weekend | d next business day for invoice) | | | |
| SIGNATURE: | PRINTNAME: | | | | |
| | | | | | |

| Office I | Jse | Only |
|----------|-----|------|
|----------|-----|------|

| | ACCT# | SERVICESTARTDATE | | | _ | _ |
|--|-------|------------------|--|--|---|---|
|--|-------|------------------|--|--|---|---|