

## Information on Applications

The Board of Directors approved the following actions at the regular Board meeting on April 13, 2021.

1. Change in the application document. The new document is uploaded for you to print or come by the office for a copy.
2. Change in the application process. The new process includes an application for service that will be reviewed. If approved a Service Agreement will be signed by both the applicant and the District.
3. The District has suspended the approval of non-residential use applications for new service, reinstatement of abandoned service, and transfer of Membership. The District is currently working with an Engineer to determine the ability of the District to provide additional service connections. Any applications approved during this time will have provisional approval for residential use only up to 20,000 gallons per month.

If you have questions about this new process please contact the office Monday thru Friday between 9AM and 12Noon. If you are unable to contact us during those hours please leave a message on the answering machine for a time that would work for you and we will make contact.

405-944-5952

Acct # \_\_\_\_\_

Rural Water, Sewer & SWM District 3 Seminole County  
PO Box 142, 400 Yahola St  
Cromwell, OK 74837  
405-944-5952

Property Owner Application for Service

Date: \_\_\_/\_\_\_/\_\_\_ New Construction / Transfer / Re-instate abandoned membership

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

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

Applicant Name (must be land owner) \_\_\_\_\_

Land Owner Address: \_\_\_\_\_

Last 4 Digits of SS# \_\_\_\_\_ DL # (copy of) \_\_\_\_\_

Company Name \_\_\_\_\_ Federal ID / EIN # \_\_\_\_\_

Contact phone numbers: \_\_\_\_\_

Legal Description of Service Address: (attach copy of the deed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary use of water / sewer service:** Residential Agriculture Commercial/Industrial Pasture/ Construction Tap

Describe non-residential use: \_\_\_\_\_

**Secondary use of water / sewer service:** Residential Agriculture Commercial Industrial Pasture/ Construction Tap

Describe non-residential use: \_\_\_\_\_

Medical Marijuana? Will water be used at a medical Marijuana grow Y / N If Yes fill out the medical marijuana grow information sheet.

Pasture / Construction tap fill out the pasture tap agreement

Residential: ¾" meter for 1 house and an associated outbuilding (garage/ pool house/ shop building)

Agriculture: Livestock, farming (fill sprayers), market garden

Commercial: Non residential business, gas station, restaurant, office

Industrial: manufacturing

Pasture / construction tap: No residential use/ may not use for occupancy. Livestock watering or use during construction

Is there a structure that will be occupied? Y / N Septic or RWD#3 sewer connection. Septic systems require DEQ approval, RWD#3 sewer connections require inspection before covering up new connections.

Proof of DEQ inspection? Y / N RWD#3 Inspection Y / N

Acct # \_\_\_\_\_

**Rental:** Is this property a rental? Y / N. Will Renter / Occupant be paying the bill? Y / N. Does Land Owner want duplicate bill and late notices? Y / N

Name and billing information for Renter: \_\_\_\_\_

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**Land Owner Notice:** By establishing service with Rural Water, Sewer & SWM District 3 Seminole County you understand that the responsibility for the bill is with the Landowner. Renter/ Occupant can at Landowner request be billed and pay the bill. Unpaid bills remain with the land. The account must have a refundable security deposit in place at all times.

**Misrepresentation of use/ change of use without notification:** Your application is reviewed based on the information you provide regarding the intended use of the water. This helps the District anticipate the volume of water you might use. The District needs to make a determination if your water use impacts the ability to serve existing customers. Misrepresenting your intended use for water / sewer or changing the use without prior approval of the District may result in your service being suspended and / or your membership being reviewed by the Board of Directors.

**Fees:** are determined by the Board of Directors and are subject to change. Listed are some items you may expect to be charged, not all situations will have the same requirements. See rate sheet for current fees. Membership / Benefit Unit fees are non-refundable.

Membership to the District or Transfer of Membership \_\_\_\_\_  
Refundable Security Deposit \_\_\_\_\_  
New Construction Charge \_\_\_\_\_  
Meter Set \_\_\_\_\_  
Hydraulic Model (used to determine impact to the system) \_\_\_\_\_  
Oversize (non residential meter) \_\_\_\_\_  
Back flow prevention \_\_\_\_\_

**This is an application for service and does not constitute an agreement to provide service.**

Land Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Account # \_\_\_\_\_

### INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964, Uniform Federal Accessibility Standard (URAS) and the Americans with Disabilities Act (ADA). You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please check below.

#### APPLICANT

I do not want to furnish this information.

Race/National Origin:

(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

Disability (specify) \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### CO-APPLICANT

I do not wish to furnish this information

Race/National Origin:

(Select one or more)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify) \_\_\_\_\_

Sex:  Female  Male

Disability (specify) \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date