

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

**WEST CARTERET WATER CORPORATION**

4102 Hwy 24  
Newport, NC 28570

Office: (252) 393-1515 - Toll Free: (877) 393-6829

Fax: (252) 393-1540

Cycle: \_\_\_\_\_

Book: \_\_\_\_\_

Route: \_\_\_\_\_

Processed By: \_\_\_\_\_

**APPLICATION FOR RESIDENTIAL WATER SERVICE**

West Carteret Water Corporation is a private, member owned non-profit water corporation. In applying for water service you become a member and as such, agree to abide by the Rules and Regulations of the Corporation including restrictions, if any, on outdoor water usage, as well as rates and fees set by the Board of Directors. Loans and expenses for the Corporation are to be paid by users' cost through monthly billing. Each customer will receive a minimum bill whether the meter is connected or not if the account has an active status.

Water bills are due upon receipt. Failure to receive bill does not entitle delay of payment. Balances remaining after the due date will be assessed a penalty. Service is subject to disconnection (interruption of service) and/or fees 10 days after the due date without further notice. Service will be reinstated after full payment of account balance including any additional fees are received. Checks will not be accepted for disconnected accounts.

It is the customer's responsibility to maintain all plumbing from the meter into and throughout the structure per building code requirements or WCWC additional guidelines, such as a RPZ for backflow prevention. (See guide) WCWC reserves the right to inspect plumbing and discontinue service where plumbing is not maintained or is not in compliance with the NC State Building Code - Volume 11, Plumbing.

The submission of this application authorizes West Carteret Water Corporation to locate its lines, meters, and other related devices upon your property in order to provide you with water. If the lines, meters, and other related devices are already in place, I ratify and affirm their right to be located upon my property. This application also gives WCWC an easement to enter upon your property in order to read the meters and to inspect, maintain, repair or replace the water lines or meters. You agree that you will not restrict access to the lines or meter by placing or building anything over piping or other appurtenances. WCWC shall have the right to remove any items necessary to give access to the lines or meters, to include, but not be limited to flowers, shrubs and grass. After maintenance, repair or replacement, WCWC will restore the ground to its pre-existing grade and will attempt to leave anything that was removed in close proximity. However, WCWC shall have no responsibility for replacing the removed items to include, but not be limited to, the replacement of decks, buildings, trees, grass, shrubs or flowers. If sidewalks, driveways, pavement or other impervious cover have been placed over the area where necessary for WCWC to accomplish its purposes, WCWC shall have the right to remove those items and shall have no duty to replace them unless other agreements exist.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Applications will not be accepted or water service turned on without the following information:

1. Picture identification - Driver's license, State Id or passport
2. Rental or lease agreement - If you do not own the property where service will be established, a copy of the rental or lease agreement must accompany this application.

Is this property a rental unit? ( ) No ( ) Yes Lease Agreement Received: ( ) No ( ) Yes  
 Have you had an account with us before? ( ) No ( ) Yes Where? \_\_\_\_\_ Previous Acct. #: \_\_\_\_\_

### ACCOUNT INFORMATION

Please PRINT and complete ALL items:

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Driver's Lic #: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone # - Home: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Mobile #: \_\_\_\_\_

Property Address:

911 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

If Joint Account:

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone # - Home: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Mobile #: \_\_\_\_\_

Billing Address:

Name(s): \_\_\_\_\_  
 Street/PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Directions/Comments: \_\_\_\_\_

### CROSS CONNECTION CONTROL PLAN - RPZ BACKFLOW PREVENTION

The following facilities are either currently installed or are proposed for the property to be served:

1. Well     2. Irrigation System     3. Pool or Hot Tub     4. Dock     5. None of the Above

If item 1 is still in place, the applicant agrees to an on-site inspection. This is to document that a cross connection between WCWC and the well has been disconnected.

If items 2, 3 or 4 are present, the applicant will \_\_\_\_\_ Abandon the facilities or \_\_\_\_\_ Install an approved RPZ backflow preventor device in accordance to WCWC policies. Service will not be activated until above facilities are abandoned or a proper backflow prevention device is installed.

\*\*In compliance with G.S. 143-355.4, all new in-ground irrigation systems installed that are supplied water by WCWC shall be independently connected to the system and water consumption shall be measured through a separate irrigation meter. A separate application is required.

THE APPLICATION MUST BE NOTARIZED IF NOT COMPLETED IN PERSON IN THE OFFICE.

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

\_\_\_\_\_ County, \_\_\_\_\_ (State)

I certify that the following person(s) appeared before me, each acknowledging to me that he / she signed the foregoing document.

(A) \_\_\_\_\_ (B) \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Fees:	( ) Security Deposit	\$ _____	Credit Check:	RDA Code:	_____
	( ) Service Fee	\$ _____	( ) Approved ( ) Denied	Date App Rec'd:	_____
	( ) Transfer Fee	\$ _____	Report #:	Date Fees Paid:	_____
	( ) Tap Fee - Potable Service	\$ _____	\$\$/Check #:	Received By:	_____
	( ) Tap Fee - Irrigation	\$ _____	Receipt #:	Copy of DL: ( )Yes ( )No	_____
	( ) Impact Fee	\$ _____	Service Order #:		_____
	( ) Same Day Service	\$ _____			
	Total:	\$ _____	Scanned to Server:	( )Yes ( )No	Cycle: _____

Account #: \_\_\_\_\_ Attached to Account: ( )Yes ( )No Book: \_\_\_\_\_

Meter #: \_\_\_\_\_ USPS Confirmation ( )Yes ( )No Route: \_\_\_\_\_

Size of Meter: \_\_\_\_\_