

Water Works District #2 – St. Tammany Parish

CUSTOMER NUMBER _____

19432 Highway 36 – Suite A
Covington, LA 70433

Office Phone – 985-892-8445, Fax – 985-892-8011

Website: wwd2stp.com

Office Hours: Monday-Friday 8:00am-4:30pm (*Closed 12:00pm-1:00pm for Lunch*)

Sewer services are owned and operated by Utilities, Inc.:
(For any sewer related issues please call Utilities, Inc below)



200 Weathersfield Ave Altamonte Springs, FL 32714

Toll Free: 1-877-875-3711

Website: www.uiwater.com

SERVICE CONTRACT

IF THERE IS MORE THAN ONE SIGNATORY TO THIS CONTRACT, EACH PARTY SHALL BE LIABLE IN SOLIDO OBLIGATIONS OF CONTRACT HEREUNDER.

The undersigned applicant agrees to become a customer of Water Works District #2 – St. Tammany Parish and hereby requests said district to furnish and maintain service to the property listed below:

Applicant Name: _____ Spouse/
Co-Applicant Name: _____
(AS IT APPEARS ON ID) (AS IT APPEARS ON ID)

Service Address: _____ City, State, Zip: _____

Mailing Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Employer's Name & Phone #: _____

Commercial _____ or Type of Residence: Own or Rent

_____ House

_____ Apartment

_____ Mobile Home

Date Service to Begin: _____

STATEMENT OF RESPONSIBILITY

Applicant understands that the Water System is being financed, in part, by the sale of revenue bonds the District purchased by the U.S. Government. The resolution authorizing the district to issue the revenue bond as well as the loan agreement with the Government, impose certain conditions in the construction, operation and maintenance of the water system, which terms and conditions are by reference made a part of this service contract and connection agreement. Among these conditions are requirements that the system is fully metered and that only one user being served through a meter (prohibiting dual connections).

All bills are due by the 20th of each month. If NOT paid within this time period, a 15% late penalty shall be added to the amount due. If past due balance is NOT paid by the 20th of the following month you will be charged a \$40.00 Delinquent Fee and subject to disconnection. (If the 20th falls on a Saturday, Sunday or Holiday you have until the next business day) In order to have service reconnected, applicant must pay the entire past due bill and current bill plus the Delinquent Fee.

Forms of Payment: Cash, Check, or Money Order (In Person or by Mail) – ONLINE at wwd2stp.com (Debit/Credit/Auto)

After-Hours: Blue Payment Drop Box located next to mailboxes by road – payments placed in box after 2:00pm are credited on the next business day

Water Works District No. 2 – Parish of St. Tammany requires the presence of the customer or his agent when water service is turned on for new service or reinstated after being shut-off for non-payment. I state that the water service may be turned on or reinstated in my absence. I release and forever hold harmless, Water Works District No.2 – Parish of St. Tammany, from any liability if water damage occurs inside my residence or to my service lines due to the water service being turned on or reinstated in my absence. I understand that Water Works District No. 2 – Parish of St. Tammany has the right to disconnect/turn off the water service should the meter indicate that the water is being lost for any reason. In this case, it will be necessary for me to set up another appointment during regular business hours to have service connected/turned on at my residence. Acknowledged by: _____ (signature)

I understand failure to receive bill does not excuse timely payment and may result in service disconnection. I also understand that all bills are due upon receipt, and that any bill or portion of any bill not paid by the due date, will be charged a water penalty of 15% and sewer penalty of 5% of the current bill amount.

I understand that I will be charged a minimum bill every month even if there has been zero usage for the month. As long as the account is active you will be charged a minimum monthly bill.

I further understand all bills are due by the 20th of each month. If NOT paid by the 20th the account is now considered past due and must be paid by the 20th of the following month in order to avoid disconnection for non-payment. If your past due balance is not paid by the 20th of the following month you will be charged a \$40.00 Delinquent Fee and subject to disconnection. I also understand if my account has been disconnected for non-payment and the account has not been restored before the new billing cycle starts the account will be final billed and the deposits on the account will be applied towards the balance due.

I hereby authorize Water Works District #2 – St. Tammany Parish to enter the premises on the property above for the purpose of making any necessary repairs to the districts’ side of the meter and activating or de-activating services.

I understand that I am responsible for any leaks that may occur on my property and inside my home. Please repair any leaks as soon as possible, the district is not allowed to make adjustments to the bill for any leaks on the customer side of the meter.

I am aware that if I plan on doing any type of digging in the servitude of my property that I need to call LA One Call at 1-800-272-3020 or just dial 811 to locate all utility lines around my property. Failure to do so could result in damage to our water lines or any other utility service in the area. If a locate is not called in and you damage our water lines you will be responsible for the costs of the damages. These costs will be billed to your account and subject to our shut off for non-payment policy.

I understand that this application form is a combined application for water and sewer service. I also understand that all billing statements for water and sewer services are a combined bill for both services. However, I am aware that water services are provided by Water Works District #2 – St. Tammany Parish and sewer services are provided by Utilities, Inc (Water Works District #2 – St. Tammany Parish is contracted by Utilities, Inc to do their billing for our customers – however any sewer service call issues are handled by Utilities, Inc at 877-875-3711). You are in their system by Service Address only, they will not have your name or account number.

I attest that the information and the documents provided in connection with this application are true, accurate and correct to the best of my knowledge.

I acknowledge that I have read this entire application and have asked all the questions that I have about its terms. Having read the application and asked all of the questions that I had about it, I agree to each and every one of terms set forth on this application form.

Date: _____ Applicant: _____

Date: _____ Co-Applicant: _____

The schedule of water charges, as adopted by the district in the above-mentioned revenue bond resolution, is as follows:

Environmental Service Fee \$.30 / LA Dept. of Health & Hospitals Fee \$1.00 / Fuel Fee \$1.00.

Water Rates: Residential 0000 – 2000 Gals \$21.00 Minimum Commercial 0000 – 2000 Gals \$33.00 Minimum
Effective 1/1/2023 2000 – Over Gals \$4.75 Per Thousand Gals 2000 – Over \$5.00 Per Thousand Gals

Water Deposit: RESIDENTIAL COMMERCIAL
Water Deposit \$75.00 Water Deposit \$150.00
Connection Fee \$35.00 Connections Fee \$ 35.00
\$110.00 Total \$185.00 Total

Sewer Deposit: RESIDENTIAL COMMERCIAL
Sewer Deposit \$65.00 Sewer Deposit \$65.00

DEQ Fee \$.49 / Parish Franchise Fee 5% of Sewer Charge

Wastewater Rates: Residential Minimum \$36.24 Commercial Minimum \$63.05
Effective 1/01/2022 With Usage per 1,000 gals \$ 2.29 3/4” meter \$63.05 1” meter \$63.05
1.5” meter \$106.16 2” & 2.5”meter \$212.34
3”,4”,6”,8” meter \$339.73
All Usage per 1,000 gals \$6.94

(If Check for Deposits/Connect Fee is returned NSF from bank - the service will automatically be shut off and charged a \$30.00 NSF Fee and \$40.00 Reconnect Fee)

(I acknowledge I have received the Cross Connection Control and Backflow Prevention Program Brochure)

(The deposit placed on this account will be refunded only to the undersigned applicant or applicants.)

The undersigned applicant acknowledges that he/she has read the agreement and accepts the terms and conditions.

Date _____ Applicant’s Signature: _____

Date _____ Spouse/Co-Applicant Signature: _____

Received by: _____

CASH CHECK # _____ Total Received \$ _____

M.O. # _____

**TO SIGN UP FOR “ALERTS” AND “NOTIFICATIONS”
Or TO “PAY ONLINE”**

Visit our website at www.d2stp.com