



P. O. Box 3077
Winter Park, CO 80482-3077
970.726.5583 Phone
970.726.5636 Fax

Water & Sanitation District #1

TAPS/SERVICE FEE AGREEMENT

I _____,
Print Name

of _____.

Billing Address: _____.

Phone #: _____ Email Address: _____.

have purchased tap(s) for _____.
Physical Address

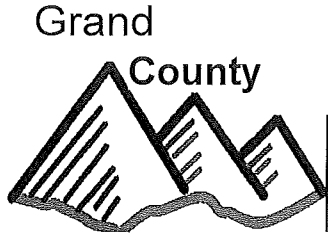
I understand that monthly service fees will begin immediately for this tap(s). I also understand that I have one (1) year in which to put this tap(s) into use. If I have not put the tap(s) into use after one year, the service fees will discontinue, and I will lose the tap(s), but will retain a credit for monies paid for the tap(s) with the District. The credit may be used in the future toward purchase of another tap(s)

Signature of Owner/Representative

Date

No. of SFE's/Taps Purchased

Amount Paid for Taps



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 District #1**

CONNECTION PERMIT

DATE: _____ NAME: _____
 BILLING ADDRESS: _____
 PHYSICAL ADDRESS: _____

TAPS TO BE PURCHASED: WATER _____ SEWER _____
 NO. OF SFE'S PER TAP: WATER _____ SEWER _____

TYPE OF STRUCTURE: Single Family Home _____ Multi Family _____
 Commercial _____ Lodging _____ Other _____

DRAWING OF STRUCTURE PROVIDED: YES _____ NO _____
 DRAWING OF LOT PROVIDED: YES _____ NO _____

HAVE THE FOLLOWING BEEN NOTIFIED (IF APPLICABLE):
 TOWN OF WINTER PARK: YES _____ NO _____
 GRAND COUNTY: YES _____ NO _____
 FIRE DEPARTMENT: YES _____ NO _____

SIZE OF PRIVATE WATER LINE _____ SIZE OF PRIVATE SEWER LINE _____
 DATE & TIME OF PHYSICAL TAP: _____
 TOTAL FEE ACCORDING TO DRAWINGS: _____
 FEE PAID: YES _____ NO _____ CHECK NO. _____ DATE _____

BACKFLOW PREVENTION AND CROSS-CONNECTION CONTROL:

IS THE STRUCTURE ANY OF THE FOLLOWING: YES _____ NO _____
 (i) A single living unit that is supplied by its own separate service line; or
 (ii) Multiple living units where each individual living unit is supplied by a separate service line; or
 (iii) Two separate single living units supplied by a common service line.

If YES, please sign and submit this form to the District.

If NO, please provide the following information:

Does the structure have backflow prevention: YES _____ NO _____
 Identification of the backflow assembly or method to control a cross-connection:

 Date of installation: _____ Installed by: _____
 Date tested: _____ Tested by: _____

I have read and will comply with the Rules and Regulations and the Engineering and Construction Standards of the Grand County Water & Sanitation District #1.

 Signature of Owner

 Signature of GCWSD#1 Representative