Compton Water Assn.

P.O. Box 825

Compton, Ar. 72624

870-420-3930

Connection Fee- \$1,800.00

Deposit - \$300.00

These are to be paid with two separate checks.

For new connections, an approved septic system plan or exemption must be obtained (if required) by the landowner, from the Ar. Dept. of Health, contact Scott Moore 870-743-5831. Copies to be provided to Compton Water.

Any easements or road crossing (bore) costs are the responsibility of the landowner.

A copy of warranty deed is required.

A Water Membership Agreement is required.

Meter will be installed on landowner's property at the closest point to the main line.

Compton Water Association Membership Agreement P.O. BOX 825

P.O. BOX 825 Compton, Ar. 72624 870-420-3930 comptonwater@gmail.com

This document constitutes the Membership Certificate as required in CWA By-laws Article VI, Section 2.

Name:		Date:	State of the state
Mailing Address:		Rt #:	
City, State:		Zip:	Acct#:
Location of Property:		_ Phone:	
Type of Service: Business	Residence	Agriculture _	Rental
	General Info	ormation	
Applications for service will be presconnection fee of \$1500.00 and a paid prior to the meter being set (laccount to insure payment of water portion of the deposit remaining after	meter deposit of \$3 out after board app charges. When s	600.00 (paid with] proval); the depos ervice is discontin	<u>FWO</u> separate checks) MUST be it will be maintained in a specia ued (transferred by a deed), any
The Water Association will provide s the by-laws of the Association. It is change of occupancy otherwise, the	the responsibility of	f the consumer to	notify the Association if there is a
A standard water service connection permit the extension of pipes to transmuter to another consumer (1 house	sfer water from one	property to anothe	
Bills will be mailed out around the received by the 16 th of the month. At the 25 th of the month "Shut-off" notice payment is not received by closing a service reconnected after being shut with a \$150 reconnect fee. Any tampost of replacing any damaged parts	At that time a 10% p ces will be mailed of the date specified off due to lack of p pering with the lock	enalty will be adde out giving a date of I, it will be necessa ayment requires pa or meter will resul	ed to the unpaid amount. Around f when payment must be paid. If any to shut the water off. To have ayment of past due amount along t in an additional \$75 fee plus the
The Applicant agrees to grant or of distribution line over, under, or across area of the Association. Also, to inside connected to the water system at	s any of undersigne stall and maintain a	ed's real property v	vithin the current or future service
There shall be no physical connect Association. Representatives of the the customer's premises for the purp provision shall constitute cause for deciding the control of the customer's premises for the purp provision shall constitute cause for deciding the customer of th	Association shall hoose of inspection a	nave the right at al and enforcement o	I reasonable hours to enter upon
Applicant shall comply with all Rules hereafter be adopted or amended. F			
Signature of Applicant:	ST		Date:
Fees Collected: Connection Fee \$			
Received by:	Check#	Cash:	Money Order

COMPTON WATER ASSOCIATION

P. O. Box 825, Compton, AR 72624

870-420-3930 - email: comptonwater@gmail.com

WATER USAGE PLAN

Compton Water requires a Water Usage Plan for every new meter set or connection request. The following questions and information supplied by you, will help us to determine the type of meter set and connection you will need. Please note, ALL new meter sets require a shut off valve, pressure regulator installed in a deep meter box and supplied by the new water member, prior to any connection becoming final, these will be inspected by our water operator once installed.

PROPERTY OWNER NAME:						
ADDRESS:	apper e de la Contraction de l	A1382 14	E. G. Service			
CITY:	ST:		ZIP:			
CELL PHONE:	EMAIL:					
Please supply physical address w property locating the dwelling:				ving or survey of		
Is this for a residential/single fam	ily residence use? YES	NO	(if no, please expla	in):		
Do you or will you have livestock	on this property?	'ES	NO			
Do you anticipate installing frost	free connections on this pro	operty?	YES NO			
Is this install for a cabin with ove plan):	The state of the s	E -an security & reserve the supported	ase explain and atta	ch a building		
How many acres or how much land Please attach a septic site plan or Please note, a new meter set will operator has met at the property be supplied to this location until the and connection fees and deposite the use changed without notificate present and warrant that the a	n anything under 10 acres (or not be approved without the with the above-named per there is Board Approval after are paid. If there is a requation to Compton Water, wa	contact Newtone completion son. There is er it's been choest for water ter will be disc	n of this questionna no guarantee wate ecked, all other for for one use, and it'	ire and our water r can be or will ms completed s later discovered		

DATE

SIGNATURE OF PROPERTY OWNER

COMPTON WATER ASSOCIATION

P. O. Box 825 Compton, AR 72624 870-420-3930 www.comptonwater@gmail.com

DEBIT AUTHORIZATION

I (we) authorize COMPTON WATER ASSOCIATION, INC. hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for WATER BILL. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. I (we) understand there is a monthly fee of \$1.00 per withdrawal and that withdrawal will occur between the 10th and 14th of each month. Financial Institution Branch Address City St Zip Bank Routing Number Customer Bank Account Number This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION as reasonable opportunity to act on it.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Signature

Date

Print Individual Name

Compton Water Acct/Seq Numbers