

MARILEE SPECIAL UTILITY DISTRICT
P.O. Box 1017
Celina, Texas 75009
Tel: (972) 382-3222 | Fax: (972) 382-4264

NON-STANDARD SERVICE APPLICATION

Name of Development: _____

Maximum Number of Lots: _____ Average Lot Size: _____ Total Acreage: _____

Name of Applicant: _____

Name & Title of Person Completing Application: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Name of Property Owner: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Responsible Engineer: _____ Firm: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Property description: (State legal description or attach copy of deed) _____

Describe all intended land uses in the Development: (Attach additional sheets if necessary)

G Residential Subdivision G Apartments G Manufactured Home Park G RV Park

G Commercial or other uses: _____

Special service needs: _____

All information provided to the District under an application for non-standard service shall be considered public information and will be made available for inspection and copying. Any person who submits information in conjunction with this application consents to the inspection and copying of that information.

Additional information required to determine level and manner of service: (Initial those items submitted with this application)

- _____ Four (4) plats signed and sealed by a licensed surveyor or registered professional engineer.
- _____ General location map of the development.
- _____ Description of improvements the Applicant proposes to build.
- _____ A proposed calendar of the design, plat approval, construction phasing and initial occupancy.
- _____ Applicant's projected demand for water service when the development is fully built-out and occupied.
- _____ A projected schedule of the build-out and of associated water demand during the build-out.
- _____ For development in phases, a map depicting the currently estimated location of each phase.
- _____ For development in phases, the Applicant must specify the level and manner of service and estimated time frame for each phase.

This application must be completed by the undersigned Applicant only. The District will take no action related to the development until this application is complete. A complete application will be signed by the Applicant and include: (1) all of the additional information required to determine the level and manner of service for the development; and (2) a valid check in the amount of the estimated Service Investigation Fee. Please contact the General Manager to obtain the estimated fee amount.

I HEREBY CERTIFY, AS THE APPLICANT OR AS AN AUTHORIZED REPRESENTATIVE ON BEHALF OF THE APPLICANT, THAT THE FOREGOING REPRESENTATIONS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

Signed: _____ Date: _____, 20____.

Print Name: _____

Title: _____

SIGNED APPLICATION RECEIVED BY DISTRICT on _____, 20____, by _____

FOR DISTRICT USE

Service Investigation Fee: Amount: \$ _____ Check #: _____ Date Received: _____

List service information or documents not submitted with application:

_____ Date Received: _____ By: _____

_____ Date Received: _____ By: _____

_____ Date Received: _____ By: _____

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Celina, Texas 75009
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This form must be returned to Marilee Special Utility District within 30 days of establishing service. Failure to return this form may result in interruption of service.

SERVICE INSPECTION CERTIFICATION

Name of PWS _____ Account # _____
PWS I.D. # _____ Location of Service _____
Name of Customer _____

I, _____ upon inspection of the private plumbing facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge:

(1) No direct connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with state plumbing regulations. Additionally, all pressure relief valves and thermal expansion devices are in compliance with state plumbing codes.

Compliance Non Compliance

(2) No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure-zone backflow prevention assembly is properly installed and a service agreement exists for annual inspection and testing by a certified backflow prevention device tester.

Compliance Non Compliance

(3) No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.

Compliance Non Compliance

(4) No pipe or pipe fitting which contains more than 8.0% lead exists in private plumbing facilities installed on or after July 1, 1988, and/or more than 0.25% lead exists in private plumbing facilities installed on or after January 4, 2014.

Compliance Non Compliance

(5) No solder or flux which contains more than 0.2% lead exists in private plumbing facilities installed on or after July 1, 1988.

Compliance Non Compliance

(6) No plumbing fixture is installed which is not in compliance with a state approved plumbing code.

Compliance Non Compliance

Water service shall not be provided or restored to the private plumbing facilities until the above conditions are determined to be in compliance.

I further certify that the following materials were used in the installation of the plumbing facilities;

Service lines: Lead Copper PVC Other: _____
Solder: Lead Lead Free Solvent Weld Other: _____

I recognize that this document shall become a permanent record of the aforementioned Public Water System and that I am legally responsible for the validity of the information I have provided.

Signature of Inspector

Registration Number

Title

Type of Registration