



**Rural Water District #6**  
**Okmulgee County**  
**PO Box 340 / 11003 Hectorville Rd**  
**Mounds OK 74047-0340**  
**Phone 918-827-6350 – Fax 918-827-3077**

**APPLICATION FOR WATER SERVICE MEMBERSHIP  $\frac{3}{4}$ ''**

The undersigned hereby makes application to Rural Water District #6, Okmulgee Co, for water service at and upon the premises described hereinbelow, and agrees to the following conditions.

1. Purchase or cause to be purchased one Benefit Unit Membership for each water service at the unit price of **\$3,500.00**. This Benefit Unit Membership entitles the owner thereof to **ONE** waterline from the District's water system and such line shall serve only **ONE RESIDENCE OR BUSINESS** establishment, together with the necessary and usual outbuildings.
2. Applicant agrees to execute an easement without monetary charge to the District for waterline and related purposes as required by the District.
3. Applicant agrees to assume and be bound by all the obligations imposed upon the holder of such Benefit Unit by the By Laws, Rules and Regulations, and Policies of the Rural Water District #6.
4. The Benefit Unit Membership follows the title of the land unless the owner of the land designates otherwise. All charges levied against the account must be paid before the Benefit Unit can be transferred to the new owner and the necessary transfer forms completed by the seller and buyer. This Benefit Unit Membership cannot be transferred to another location without the approval of the Board.
5. Receipt of **\$3,500.00** will constitute a subscription for water service. This consideration paid for this Benefit Unit is a **Membership Fee and is nonrefundable**. It is further agreed that the undersigned shall diligently undertake to have the premises prepared for service within 60 days, if such is not now installed, so that he shall be in a position to use the service. After that date, the subscriber shall commence payment for service.
6. Any waterline extension or road crossing required to obtain service will be the expense of the applicant and must be installed by the District or their assigns. All charges for this construction must be paid in advance.
7. Payment of the month's water bill is to be made not later than the 16<sup>th</sup> day of the month. Bills not paid by the 16<sup>th</sup> of the month shall be subject to a late charge. In the event the meter is not set, a minimum is due on the 1<sup>st</sup> of each month and shall be subject to a late charge if not paid by the 16<sup>th</sup>.
8. Applicant agrees to **CLEARLY MARK** desired location for the water meter setting on the property. If this location is not feasible, the meter will be installed at the closest point possible to the desired location.
9. Applicant must install a shut off valve within 3' outside meter box (member side) before meter will be installed.

**THIS BENEFIT UNIT MEMBERSHIP SHALL ENTITLE THE OWNER THEREOF TO ONE SERVICE CONNECTION FOR THE FOLLOWING PROPERTY LOCATED IN: \_\_\_\_\_ COUNTY. LEGAL DESCRIPTION BEING: \_\_\_\_\_**

**PLEASE GIVE DIRECTIONS AND/OR DRAW A MAP SHOWING PROPERTY LOCATION ON REVERSE SIDE**

REPRESENTATIVES OF THE DISTRICT OR THE STATE AND LOCAL HEALTH DEPARTMENT SHALL HAVE THE RIGHT AT ALL REASONABLE HOURS TO ENTER UPON CONSUMER'S PREMISES FOR THE PURPOSE OF INSPECTION AND ENFORCEMENT OF THESE PROVISIONS.

Present Phone # \_\_\_\_\_ (PRINT) Property Owner's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Property Owner's Signature \_\_\_\_\_  
Property 911 Address \_\_\_\_\_

Please notify office of address &/or phone changes.

Please check box if you want the District to wait to set the meter until notified.

**DO NOT WRITE BELOW THIS LINE**

Approved \_\_\_\_\_ Tap # \_\_\_\_\_  
S# \_\_\_\_\_ Reading \_\_\_\_\_  
H.D. Approval \_\_\_\_\_ Pressure \_\_\_\_\_  
Date Installed \_\_\_\_\_ Supply \_\_\_\_\_ Board Officer \_\_\_\_\_ Date \_\_\_\_\_  
Sheet # \_\_\_\_\_ S-T-R \_\_\_\_\_ Street Location: \_\_\_\_\_  
Meter Location: \_\_\_\_\_  
Comments: \_\_\_\_\_



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**PLUMBING INSPECTION CERTIFICATE**

**SERVICE LINE**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ 911 Address: \_\_\_\_\_

**NEW CONSTRUCTION**

Inspection Completed By: \_\_\_\_\_  
(Licensed Plumber)

Address: \_\_\_\_\_  
Street City State Zip

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Inspector's / Licensed Plumber's Signature

**EXISTING HOME AND / OR PLUMBING**

Please mark if existing home and / or plumbing \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature

**Plumbing inspection certificate to be completed by:**

*Property located in Creek County and Okmulgee County:*

1. A licensed plumber must make inspection of service and complete Plumbing Inspection Certificate.

*Property located in Wagoner County, Jenks City Limits, Bixby City Limits, Glenpool City Limits or Tulsa County (but outside Tulsa City Limits):*

1. A copy of the Inspector's Approval and a copy of the Building Permit.
2. Inspector's "Top Out" Approval
3. A licensed plumber make inspection of service line and complete Plumbing Inspection Certificate.

**TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 REQUIRES THAT  
RECIPIENTS OF FEDERAL ASSISTANCE COMPILE RACE/ETHNIC  
INFORMATION ON APPLICATIONS TAKEN WHICH IS UTILIZED BY  
THE GOVERNMENT FOR MONITORING PURPOSES.**

Text to be contained on the application form:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for loan and grant programs in order to monitor borrower/grantee compliance with Civil Rights Act of 1964. You are not required to furnish this information, but are encouraged to do so. The law provides that an entity or lender may not discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this entity is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below:

APPLICANT

\_\_\_\_\_ I do not wish to furnish this information

Race/National Origin:  
(Select one or more)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ White

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

CO-APPLICANT

\_\_\_\_\_ I do not wish to furnish this information

Race/National Origin  
(Select one or more)

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ White

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

TO BE COMPLETED BY THE INTERVIEWER:

This application was taken by: \_\_\_\_\_ face to face interview \_\_\_\_\_ by telephone \_\_\_\_\_ by mail

Applicant's Name: (print or type) \_\_\_\_\_

Co-Applicant's Name: (print or type) \_\_\_\_\_

Interviewer's Name: (print or type) \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_