



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

**NEW CUSTOMER TRANSFER AGREEMENT**

**The Undersigned hereby agrees to the following conditions:**

1. This Benefit Unit Membership entitles the owner thereof to not exceed ONE waterline from the District's water system and such line shall serve only ONE residence OR business establishments, together with the necessary and usual outbuildings. If you add another home or business, you must apply for a second membership. All illegal connections will incur a \$350.00 fee.
2. Customer agrees to assume and be bound by all of the obligations imposed upon the holder of such Membership by the By Laws and Rules and Regulations of Rural Water District #6, Okmulgee County, Oklahoma.
3. The Benefit Unit Membership follows the title of the land unless the owner of the land designates otherwise. All charges levied against the Membership Account must be paid BEFORE the Membership can be transferred to a new owner. This Membership CANNOT be transferred to another location without the approval of the Board of Directors of said Rural Water District.
4. The Water District will cause members meters to be read monthly and mail a bill to member listed on the account around the 1st of each month. Payment of the bill is to be made not later than the 16<sup>th</sup> day of the month. Bills not paid OR with balances of that equal to the minimum charge will be assessed a late charge after the 16<sup>th</sup> of the month. If member is not prepared for service and meter cannot be installed, member will be billed the minimum each month. **IF YOU DO NOT RECEIVE YOUR BILL BY THE 10<sup>TH</sup> OF THE MONTH, CONTACT OUR OFFICE.**
5. Customer further agrees that the water will not be plumbed to any dwelling for household use until an approved final inspection has been made on the sewage system by the Department of Environmental Quality (DEQ) before covering the system.
6. This Benefit Unit Membership shall entitle the owner thereof to one service connection for the following property located in \_\_\_\_\_ County, Oklahoma, LEGAL DESCRIPTION OF PROPERTY BEING:  
 \_\_\_\_\_  
 \_\_\_\_\_
7. 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.

Tap #: \_\_\_\_\_  
 Meter Reading: \_\_\_\_\_  
 Transfer Fee - \$150.00: \_\_\_\_\_  
 Transfer & Relocation Fee: \$550.00 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Owner (PLEASE PRINT)  
 \_\_\_\_\_  
 Owner's Signature Date

Approved: \_\_\_\_\_  
 Rick Boone, District Manager

Phone: \_\_\_\_\_



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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

CO-APPLICANT

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

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

Race/National Origin:  
(Select one or more)

Race/National Origin  
(Select one or more)

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

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

\_\_\_\_\_ Asian

\_\_\_\_\_ Asian

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

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

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

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

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

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

\_\_\_\_\_ White

\_\_\_\_\_ White

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

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

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

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: \_\_\_\_\_