



P.O. Box 509
 Cleburne, TX 76033
 Ph: 817-760-5200
 Fax: 817-760-5238

**JOHNSON COUNTY
 SPECIAL UTILITY DISTRICT**

For office use:

Account # _____
 Parcel # _____
 Book _____ Seq. _____
 Garbage _____ Sewer _____
 Septic _____

Service Application and Agreement

THIS FORM MUST BE COMPLETED BY APPLICANT ONLY

Please Print:

DATE _____

APPLICANT or COMPANY NAME _____ *First M.I. Last* OWN _____
 CHECK ONE: RENT _____

CO-APPLICANT/SPOUSE NAME _____

SERVICE LOCATION / ADDRESS: _____
(include name of road, subdivision with lot and block number)

BILLING ADDRESS: _____
Street Address or PO Box City State Zip

PHONE: Home (____) _____ - _____ E-MAIL ADDRESS: _____

Cell (____) _____ - _____

Work (____) _____ - _____ PREFERENCE: CHECK ONE: E - Bill Paper Bill Both

DRIVER'S LICENSE NO. APPLICANT _____ DL # CO-APPLICANT _____

A Copy of D.L. is needed

MOVE-IN DATE: _____ METER READING: _____

APPLICANT'S EMPLOYER NAME & ADDRESS: _____
Company Name Street Address City/State/Zip

ACREAGE _____ CHECK ONE: SITE-BUILT HOME _____ DOUBLE-WIDE _____ SINGLE-WIDE _____
 DUPLEX _____ QUAD PLEX _____

IF RESIDENCE, NUMBER IN FAMILY _____ IF BUSINESS, NAME & TYPE OF BUSINESS _____
(one meter, one dwelling, standard service)

IF PURCHASING PROPERTY, A COPY OF DEED IS REQUIRED

◆ AN APPLICANT MAY PROVIDE A LETTER OF REFERENCE IN LIEU OF PAYING A SECURITY DEPOSIT IF THE LETTER FROM THE IMMEDIATE PAST UTILITY SHOWS NO PENALTIES, LATE PAYMENTS OR DISCONNECTIONS INCURRED IN THE PREVIOUS 12 MONTHS.

◆ REQUEST FOR CONFIDENTIALITY OF PERSONAL INFORMATION

I request any personal information held by the District which is necessary for my water utility account be held as confidential at no charge and not be released to unauthorized persons. Authority exceptions are stated under House Bill No. 859. Initial: _____

◆ A partnership between JCSUD and CareFlite allows all customers of the water system to become members of CareFlite for \$1 per month which covers all household members for CareFlite transport services. More details at JCSUD. - Can opt out at any time.

OPT OUT of CareFlite Now Initial _____

◆ IF METER ACTIVATION IS REQUIRED, SPECIFY ONE OF THE FOLLOWING:

Unlock meter, but leave water **OFF** in the meter box.

Unlock meter, and leave water **ON** in the meter box. Applicant authorizes the District to unlock and leave meter in the ON position, even if no one is present at the service location when meter is unlocked. _____

Applicant Signature

Employee Initial: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking service. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Race/National Origin

WHITE BLACK AMERICAN INDIAN HISPANIC ASIAN OR PACIFIC OTHER MALE
 OR ALASKAN NATIVE ISLANDER FEMALE

The District shall sell and deliver water and/or wastewater service to the Applicant and the Applicant shall purchase, receive, and/or reserve service from the District in accordance with the Service Policies of the District, as amended from time to time by the Board of Directors of the District. Upon execution of this agreement and compliance with said Policies, including payment of a deposit, the Applicant shall become eligible to receive service.

The District shall have the authority to discontinue, terminate or suspend the service to any customer not complying with any policy or not paying any utility rates, fees or charges as required by the District's published Service Policies. At any time service is discontinued, terminated or suspended, the District shall not re-establish service unless it has a current, signed copy of this agreement.

All water shall be metered by meters to be furnished and installed by the District. The meter and/or wastewater connection is for the sole use of the customer and is to provide service to only one (1) dwelling or one (1) business. Extension of pipe(s) to transfer utility service from one property to another, to share, resell, or submeter water to any other persons, dwellings, businesses, or property, etc., is prohibited.

The District shall have the right to locate a water service meter and the pipe necessary to connect the meter on the Applicant's property at a point to be chosen by the District, and shall have access to its meter and equipment located upon Applicant's premises at all reasonable and necessary times for any purpose connected with or in the furtherance of its business operations, and upon discontinuance of service the District shall have the right to remove any of its equipment from the Applicant's property.

X _____ The Applicant shall install, at their own expense, any necessary service lines from the District's facilities and equipment to the point of applicant's use, including any customer service isolation valves (cut-off valves), backflow prevention devices, pressure regulators, clean-outs, and other equipment as may be specified by the District.

X _____ All water utilities including the District are required by the Texas Commission on Environmental Quality (TCEQ) to obtain a completed Customer Service Inspection (CSI) Certificate before designating and transferring the account to permanent status for continuous water service. Water service is considered temporary until CSI requirement is verified.

The District shall also have access to the Applicant's property for the purpose of inspecting for possible cross-connections, potential contamination hazards, illegal lead materials, and any other violations or possible violations of state and federal statutes and regulations relating to the federal Safe Drinking Water Act or Chapter 341 of the Texas Health & Safety Code or the District's Service Policies.

The District is responsible for protecting the drinking water supply from contamination or pollution which could result from improper practices. This service agreement serves as notice to each customer of the restrictions which are in place to provide this protection. The District shall enforce these restrictions to ensure the public health and welfare. The following undesirable practices are prohibited by state regulations:

- a. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential sources of contamination shall be isolated from the public water system by an airgap or an appropriate backflow prevention assembly in accordance with state plumbing regulations. Additionally, all pressure relief valves and thermal expansion devices must be in compliance with state plumbing codes.
- b. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the proper installation of an airgap or a reduced pressure-zone backflow prevention assembly and a service agreement must exist for annual inspection and testing by a certified backflow prevention device tester.
- c. No connection which allows condensing, cooling, or industrial process water to be returned to the public drinking water supply is permitted.
- d. No pipe or pipe fitting which contains more than 8.0 % lead may be used for the installation or repair of plumbing at any connection which provides water for human consumption.
- e. No solder or flux which contains more than 0.2 % lead may be used for the installation or repair of plumbing at any connection which provides water for human consumption.

The District shall maintain a copy of this agreement as long as the Applicant and/or premises is connected to the public water system. The Applicant shall allow their property to be inspected for possible cross-connections, potential contamination hazards, and illegal lead materials. These inspections shall be conducted by the District or its designated agent prior to initiating service and periodically thereafter. The inspections shall be conducted during the District's normal business hours, except in emergencies.

The District shall notify the Applicant in writing of any cross-connections or other undesirable practices which have been identified during the initial or subsequent inspection. The Applicant shall immediately correct any undesirable practice on their premises. The Applicant shall, at their expense, properly install, test, and maintain any backflow prevention device required by the District. Copies of all testing and maintenance records shall be provided to the District as required. Failure to comply with the terms of this service agreement shall cause the District to terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Applicant. In the event the total water supply is insufficient to meet the service needs of all of the District's customers, or in the event there is a shortage of water, the District may initiate the Emergency Rationing Program as specified in the District's Service Policies. By execution of this Agreement, the Applicant hereby agrees to comply with the terms of said program.

X _____ By execution hereof, the Applicant shall hold the District harmless from any and all claims for damages caused by service interruptions due to waterline breaks by utility or like contractors, tampering by other customers/users of the District, normal failures of the system beyond the District's control.

The Applicant shall grant to the District permanent recorded easement(s) dedicated to the District for the purpose of providing reasonable rights of access and use to allow the District to construct, maintain, replace, upgrade, parallel, inspect, test and operate any facilities necessary to serve that Applicant as well as the District's purposes in providing system-wide service for existing or future customers.

By execution hereof, the Applicant agrees that non-compliance with the terms of this agreement by said Applicant shall justify discontinuance, termination or suspension of service until such time as the violation is corrected to the satisfaction of the District.

Applicant agrees that permission is given to JCSUD providing authorization to utilize all information made available by applicant in any efforts to attempt communication. This includes email addresses, home and cell phone numbers and the use of automatic telephone dialing systems.

X _____
Applicant

Co-Applicant

Date

UTILITY EASEMENT AND RIGHT-OF-WAY

P # _____

KNOW ALL MEN BY THESE PRESENTS, that _____ of _____ County Texas, hereinafter called Grantor(s), does hereby covenant he/she/they own the following described property and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby grant and convey to **Johnson County Special Utility District**, hereinafter called Grantee, its successors, and assigns, a perpetual Easement situated in the _____ Survey, Abstract No. _____; more particularly described in the instrument recorded in Vol. _____, Page _____ or Instrument _____ Year _____: containing _____ acres, or the _____ Subdivision, Block _____ Lot _____ Deed Records, _____ County, Texas, together with the right of pedestrian or vehicular ingress and egress over Grantor's adjacent lands for the purpose of operating and maintaining the Grantee's utility facilities or reading meter(s) situated on this land.

The Easement hereby granted shall be 20' in width.

Grantee is hereby authorized to operate and maintain existing waterlines, including related acts deemed by Grantee to be necessary such as installing, inspecting, repairing, replacing, upgrading, existing or proposed water distribution and/or transmission pipelines, meters, valves and any other appurtenances as needed. Said waterline shall be the centerline of the easement.

As part of granting said Easement, Grantor covenants Grantee will also have the right to prevent the construction or placement within the Easement of any building, structures, materials or other obstructions which may, in the sole judgment of the Grantee, endanger, interfere with the Grantee's use of the Easement or the efficiency, safety or convenient operation of said utility service(s) or related equipment. If such obstruction(s) are constructed or otherwise placed within the Easement without Grantee's prior written consent, then Grantee shall have the right to remove same from such space and seek payment from the owner for the reasonable cost of such removal. Grantor shall not make changes in the grade, elevation, or contour of the land within the Easement without prior written consent of Grantee, its successors and assigns. Grantor agrees that Grantor, Grantor's heirs, successors and assigns shall not individually, or in combination with others, interfere directly or indirectly with the Grantee's efficient, safe, or convenient use of this Easement.

Said consideration constitutes payment in full for all damages sustained by Grantors by reason of the installation of the structures referred to herein and the Grantee will maintain such easement in a state of good repair and efficiency so that no unreasonable damages will result from its use to Grantors' premises. This Utility Easement and Right-of -Way contains all covenants and terms between Grantor and Grantee related to the Easement. Any amendment or modification of this Easement must be in writing and agreed by both parties.

TO HAVE AND TO HOLD this Easement unto Grantee, its successors and assigns forever, and Grantor hereby binds Grantor, Grantor's heirs, successors, and assigns to warrant and forever defend said Easement to Grantee, its successors and assigns, against any person or entity claiming the same or any part thereof.

GRANTOR(s):

X _____
X _____

THE STATE OF TEXAS §
COUNTY OF _____ §

THIS INSTRUMENT was acknowledged before me by _____
Name of Grantor(s)
on this _____ day of _____, 20_____ .

Notary Public in and for the State of Texas

JOHNSON COUNTY SPECIAL UTILITY DISTRICT
 "MEMBER OF THE TEXAS RURAL WATER ASSOCIATION"

JCSUD
 PO Box 509
 Cleburne, TX 76033
 817-760-5200

FOR OFFICE USE ONLY:	
ACCOUNT NO. _____	CUSTOMER NAME _____
PARCEL NO. _____	MAILING ADDRESS _____
HOME PH. NO. _____	SERVICE ADDRESS _____
SECONDARY PH. NO. _____	EMAIL ADDRESS _____

CUSTOMER, PLEASE COMPLETE THE FOLLOWING CUSTOMER SERVICE PLUMBING SURVEY

SERVICE APPLICANTS AND HOME OWNERS: ALL PUBLIC WATER SYSTEMS IN THE STATE OF TEXAS MUST COMPLY WITH THE RULES AND REGULATIONS OF THE TEXAS COMMISSION ON ENVIRONMENTAL QUALITY (TCEQ) CONCERNING THE CONSTRUCTION, RENOVATION, ADDITIONS, OR MODIFICATIONS TO PRIVATE WATER DISTRIBUTION FACILITIES (IE, PRIVATE PLUMBING). HUD NUMBERS ON MANUFACTURED HOUSING ARE THE PROOF THAT THE MANUFACTURER HAS COMPLIED WITH ALL STATE AND FEDERAL RULES AND REGULATIONS IN REGARDS TO PLUMBING DESIGN AND MATERIAL.

WHAT TYPE OF DWELLING OR FACILITY WILL BE SERVED?

RESIDENTIAL INDUSTRIAL COMMERCIAL OTHER: _____

WILL THE DWELLING BE A MANUFACTURED UNIT (IE..., MOBILE HOME, DOUBLEWIDE, ETC.)? WHEN WAS UNIT MANUFACTURED? YEAR: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, APPLICANT WILL NEED TO PROVIDE THE HUD#. (FOUND ON A RED METAL PLATE ON THE OUTSIDE OF THE HOME) EXAMPLE: ABC123456 1 HUD# FOR SINGLEWIDES / 2 HUD# ^S FOR DOUBLEWIDES	#1 _____	#2 _____
IF SITE-BUILT HOME, YEAR BUILT _____ OR WHEN DO YOU EXPECT CONSTRUCTION TO BE COMPLETE? _____ Upon construction completion, TCEQ requires a customer service inspection of the premises to identify potential sources of contamination. This inspection may be provided by JCSUD for a \$75.00 fee. Contact our office for details and an appointment.		
IS THE SERVICE LINE FROM THE METER TO THE DWELLING MADE OF PVC?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF NO, WHAT TYPE OF SERVICE LINE IS USED? (IE... COPPER, GALVANIZED, ETC.)?		
IS THERE AN ACTIVE OR INACTIVE WELL ON THE PROPERTY WHERE THE WATER SERVICE IS BEING REQUESTED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, IS THE WELL CURRENTLY CONNECTED TO THE EXISTING SERVICE LINE? ARE YOU PLANNING TO USE THE WELL LATER? _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
WILL THERE BE LIVESTOCK ON THE PROPERTY?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, WILL THERE BE A WATER TROUGH WITH SOME AUTOMATIC FILL EQUIPMENT ATTACHED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS THERE A LAWN SPRINKLER SYSTEM ON THE PROPERTY WHERE THE WATER SERVICE IS BEING REQUESTED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS THERE A SWIMMING POOL ON THE PROPERTY WHERE THE WATER SERVICE IS BEING REQUESTED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>

PLEASE SIGN: X _____ DATE: _____

FOR OFFICE USE			
WILL THIS REQUIRE AN INSPECTION?	NO	YES	INITIAL: _____
SEND LETTER: ABS	OTHER: _____		



Caring – Heart Membership Application

JCSUD and CareFlite have partnered together to allow all customers of the water system to become members of CareFlite for \$1 per month. This includes all permanent family members of your household at no additional cost as listed below. Please return this completed form to Johnson County Special Utility District.

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____ Phone # (____) _____

Date of Birth: _____ Male Female Email _____

Do you have health insurance? Yes No If you answered Yes to this question, please list your primary health insurance company:

Other Family Members of Your Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Male Female

(For additional household family members, please copy this page and attach to this application)

By submitting this application, I agree (on my behalf and on behalf of my family) in consideration of the benefits provided to abide by the terms of the Caring-Heart Membership Program, which are shown on the back of this application. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me or my household family members by CareFlite. I authorize any holder of any of my medical information or that of my household family members to release that information to CMS, its agents or carriers, or CareFlite in order to determine benefits payable on my behalf or on behalf of my family members, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household, if they are minors or otherwise unable to sign. **I understand that under Texas rule 157.11 if I or a household member is a Medicaid recipient, than I am not allowed to have them on this application.** Therefore I am stating that I have not listed on this application anyone that is a Medicaid recipient. If a household family member subsequently becomes a recipient of Medicaid, I will notify CareFlite in writing of this change immediately. I warrant that all of the information on this application is true and correct. CareFlite reserves the right to request documentation to verify the accuracy of any such information. I acknowledge that membership in CareFlite's Caring-Heart Membership Program is an EMS membership in a program sponsored by CareFlite and is not a membership in CareFlite's non-profit entity as the term "membership" is contemplated under the Texas Non-Profit Corporation Act.

Signature

For CareFlite Office Use Only

Date Received: _____ Membership # Assigned: _____



3110 S. Great Southwest Pkwy.
Grand Prairie, Texas 75052
Members Services Office
Phone: (877) 339-2273



Caring-Heart Membership Program



PERSONS COVERED: This Agreement covers the household family members listed on the application on the reverse side provided to CareFlite, so long as they remain full-time residents (including college students) of my household. New residence family members may be added, others deleted or the household location changed by written notice to CareFlite at the address shown above. Added members will be effective as of the date the information is received by CareFlite. Medicaid recipients may not enroll by law.

EFFECTIVE DATE: This application will be effective the date Johnson County SUD begins charging \$1 per month for the membership through the time of the contracted period between CareFlite and Johnson County SUD.

BENEFITS: Payment of the membership fee and compliance with the terms of this program/agreement entitles the member to the following benefits:

1. Emergency helicopter air ambulance services originating within 150 miles of DFW Airport for medically necessary advanced or basic life support emergency transport services from CareFlite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. Emergency fixed wing air ambulance services for patients needing a higher level of care originating within 500 miles of DFW Airport and within the United States shall pay nothing out of pocket. For non-medically necessary fixed wing transports, CareFlite will make its best efforts to obtain an insurance pre-authorization. For fixed wing air ambulance service that are not medically necessary and/or operated for patient or family convenience, CareFlite will give members a 50% discount from its standard rates.
3. CareFlite's ground ambulance and 911/EMS service will be available with its service areas. These benefits will follow the rules of this Air Ambulance membership program.
4. If CareFlite has any agreements for the reciprocal honoring of a membership benefit with other air/ground EMS providers, all Members of CareFlite shall be covered by such agreement. A list of any such agreements can be found at www.careflite.org.

PAYMENT FOR SERVICES: I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite services specified in this Agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFlite all rights and benefits that I or the other family members of my residence have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for ambulance services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFlite. I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFlite's charges for its services. When requested by CareFlite, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for services provided by CareFlite, I will promptly forward those payments to CareFlite at the address shown at the top of this form.

LIMITATIONS and CONDITIONS: Membership benefits extend to CareFlite's critical care, advanced or basic life support helicopter and fixed wing air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFlite's air ambulance services) as well as ground ambulances staffed with quality trained paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. (This requirement typically applies to fixed wing air ambulance and inter-facility ground ambulance only but not to helicopter or 911/EMS emergency services.) Non-insured household family members will automatically receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFlite's discretion. Membership is available for sale only in those counties or jurisdictions shown on CareFlite's website www.careflite.org. Ground ambulance benefits are available to all members but only in CareFlite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFlite's deemed service area with CareFlite as the transporting agency. CareFlite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFlite maintains a bond with an A rated insurance company. CareFlite's Membership benefits are honored by certain other medical transport programs. Visit www.careflite.org for complete details.

CareFlite is a 501(c)3 not for profit air & ground ambulance service sponsored by:



WWW.CAREFLITE.ORG  **MEMBERSHIP (877) DFW CARE**