

LUDWIG WATER USERS ASSOCIATION, INC.

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APPLICATION FOR SERVICE New Owner

I HEREBY MAKE APPLICATION FOR SERVICE, AND ENCLOSE PAYMENT AS FOLLOWS:

WATER DEPOSIT \$100.00

I UNDERSTAND THAT I WILL BE BILLED FOR EXTRA MATERIALS AND LABOR IF NECESSARY IN THE INSTALLATION OF A NEW METER.

I AGREE TO ALL OF THE PROVISIONS OF THE BY-LAWS OF THE ASSOCIATION AND CONDITIONS SPECIFIED BY THE BOARD OF DIRECTORS, SPECIFICALLY TO THE FOLLOWING CONDITIONS:

1. No more than one residence or mobile home may be served from a single meter. A duplex is considered as two residences. This rule is enforced by the Arkansas State Board of Health.
2. There will be no cross connection between a private water system and the Ludwig Water System. This rule is enforced by the Arkansas State Board of Health.
3. **Bills are due and payable by the tenth (10th) of each month. Bills not paid in full within 30 days will result in the water service to be discontinued. If the meter is disconnected there will be a \$40.00 reconnect fee that will have to be paid along with the rest of the amount owed before the meter will be reconnected. Three (3) such occurrences within one year will result in a \$100.00 reconnect fee.**
4. If member is owner of rented or leased property he will be responsible for nonpayments, penalties, and reconnection charges made at his meter by a renter or leaser.
5. Any concrete poured across Ludwig water lines cannot be solid. Joints must be installed on either side with a width of 30" inches between them so that access can be gained to the lines.
6. All plumbing must meet State Health codes and regulations.
7. Must have approval for septic tank before permanent water meter can be set.

ENCLOSED IS MY INITIAL PAYMENT OF \$100.00 FOR METER DEPOSIT.

NAME _____ Date _____
MAILING ADDRESS _____ Service/Physical Address _____
City/State/Zip _____
Home Phone Number _____ Number of Occupants _____
Cell Phone Number _____ Email _____
Driver's License # _____ State _____
Date water needs to be in your name _____

SIGNATURE _____

Account Number _____
(Assigned by Association)