



LAKE SHASTINA COMMUNITY SERVICES DISTRICT

16320 Everhart Drive - Weed CA 96094 - Voice 530-938-3281 - Fax 530-938-4739

Application # _____

Account # _____

FEES FOR WATER AND/OR SEWER CONNECTION

DATE _____ APN _____ UNIT # _____ LOT # _____

OWNER'S NAME _____

I(We) authorize the LSCSD to send all correspondence, if applicable, regarding this application to the email address noted below: YES ____ NO ____

EMAIL: _____ TELEPHONE _____

CELL PHONE _____

OWNER'S MAILING ADDRESS _____

PROJECT ADDRESS, if different than mailing address _____

CONTRACTOR _____ TELEPHONE _____

CELL PHONE _____

Required Information to be submitted with payment of the below fees

Plot Plan Water Application Sewer Application

FEES

- \$ _____ \$ 265.00 Water Connection
- \$ _____ \$ 478.00 Capacity Expansion Fee – applicable with each Water Service Hook Up
(Effective 7/20/07: \$320.00 Water System, \$158.00 Fire Suppression)
- \$ _____ \$7,248.50 Sewer Connection (4-inch connection)
- Other _____

\$ _____ TOTAL FEES CK# _____

Note: All fees are subject to change by LSCSD Board of Directors

Owners Signature: _____ Date _____

If contractor is acting as owner's agent and in behalf of owner, please sign below. Notices to be sent to owner.

Contractor's Signature: _____ Date _____

Lake Shastina Community Services District (LSCSD)
16320 Everhart Drive
Weed CA 96094
Phone: 530-938-3281

APPLICATION NO.: _____

DATE RECEIVED: _____

WATER CONNECTION APPLICATION

DATE: _____ ESTIMATED DATE OF PROJECT COMPLETION: _____

OWNER: _____ PHONE: _____

OWNER'S MAILING ADDRESS: _____

AUTHORIZED AGENT(CONTACT) DURING CONSTRUCTION (if different than owner):

NAME: _____

MAILING ADDRESS: _____ PHONE: _____

Application is hereby made for a water meter/connection at UNIT: _____ LOT: _____. By signing this application, permission is hereby granted for the LSCSD and its agents to enter said property for the purpose of providing any and all water system services and to verify compliance with all LSCSD regulations. As owner, or by the authority granted to the undersigned as agent for the owner, the applicant agrees to observe all LSCSD regulations, now or hereafter adopted, relating to the water service and to pay water bills promptly. Delinquent accounts are subject to discontinuance of services and to suitable action at law including cost of suit in any judgment in favor of the LSCSD.

No water line shall be covered at any point until it has been inspected by the LSCSD. It shall be the duty of the owner, or the authorized agent, to notify the LSCSD office regarding any trench inspection or permanent service connection. Such notice shall be given not less than 24 hours before the inspection/connection is required. Notification on Friday will be addressed the next regular workday. LSCSD personnel only shall hook up any service connection to the water system. Should anyone other than LSCSD personnel hook up a line to the water system, a fine of \$250 may be levied against the owner of record and the service will be locked in the off position. The complete water connection application (originally attached to this page) has additional information regarding this matter.

OWNER'S SIGNATURE (required):

AUTHORIZED AGENT'S SIGNATURE (required):

LSCSD Admin. Staff to complete the following: Water Meter/Connection Fee \$ _____

Water Capacity Fee \$ _____ Fire Suppression Fee \$ _____ CK# _____

Staff Initials: _____ (fees paid on date application received)

LSCSD Public Works Staff to complete the following:

1. Added to Emer. Not. Plan: _____
2. Date Temp. Serv. Installed: _____
3. Corner Serv. Located: _____
4. Initial Depth of Curb Stop: _____
5. Lowered to: _____ Raised to: _____
6. Marked on Serv. Map: _____
7. Marked on Res. Map: _____
8. Trench Inspection:
Depth: _____ Bedded: _____
9. Lateral Trench to House Includes: Water, TV,
Phone, Power, Other: _____

10. Location – Owner's Shutoff: _____
11. Location – Regulator: _____
12. Pipe to House: C _____ P _____ Inch
13. Date Perm. Serv. Installed: _____
14. Prop. Pin Removed: Yes _____ No _____
Lowered _____ Could Not Locate _____
15. Pressure: _____
16. % Complete & Date
% _____ Date _____ % _____ Date _____
% _____ Date _____ % _____ Date _____

Lake Shastina Community Services District (LSCSD)
16320 Everhart Drive
Weed CA 96094
Phone: 530-938-3281

APPLICATION NO.: _____

DATE RECEIVED: _____

SEWER INSTALLATION / CONNECTION APPLICATION

DATE: _____ ESTIMATED DATE OF PROJECT COMPLETION: _____

OWNER: _____ PHONE: _____

OWNER'S MAILING ADDRESS: _____

AUTHORIZED AGENT(CONTACT) DURING CONSTRUCTION (if different than owner):

NAME: _____

MAILING ADDRESS: _____ PHONE: _____

Application is hereby made for a sewer connection at UNIT: _____ LOT: _____. By signing this application, permission is hereby granted for the LSCSD and its agents to enter said property for the purpose of providing any and all sewer system services and to verify compliance with all LSCSD regulations. As owner, or by the authority granted to the undersigned as agent for the owner, the applicant agrees to observe all LSCSD regulations, now or hereafter adopted, relating to the sewer service and to pay sewer bills promptly. Delinquent accounts are subject to discontinuance of services and to suitable action at law including cost of suit in any judgment in favor of the LSCSD.

No sewer line shall be covered at any point until it has been inspected by the LSCSD. It shall be the duty of the owner, or the authorized agent, to notify the LSCSD office when the installation is ready for inspection. Such notice shall be given not less than 24 hours before the work is to be inspected. Notification on Friday will be addressed the next regular work day. The complete sewer installation application (originally attached to this page) has additional information regarding sewer specifications.

NOTE: If a privately owned sewage pump is involved, the placement of the pump, sump and electrical control panels must be approved by the LSCSD. Failure to make prior arrangements with the LSCSD can result in substantial expense to the owner if units must be relocated to meet code and be accessible to maintenance.

OWNER'S SIGNATURE (required):

AUTHORIZED AGENT'S SIGNATURE (required):

LSCSD Admin. Staff to complete the following:

Sewer Connection Fee \$ _____ CK# _____

Staff Initials: _____ (fee paid on date application received)