

# SUSANVILLE SANITARY DISTRICT

45 S. Roop Street/P.O. Box 152  
Susanville, CA 96130  
(530) 257-5665 / (530) 251-5328 Fax

## APPLICATION FOR NEW SEWER SERVICE OR CHANGE OF SERVICE

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

### **CUSTOMER INFORMATION:**

Primary Name on Account: \_\_\_\_\_

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

Drivers Lic. /ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

\_\_\_ Own \_\_\_ Rent Landlord's Name: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Spouse or Co-Applicant Name: \_\_\_\_\_

Drivers Lic. /ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Alternate Contact for Emergency or Non-Payment: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSON(S) AUTHORIZED TO DISCUSS INFORMATION REGARDING THIS ACCOUNT IN ADDITION TO GUARANTOR(S):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Non-Pay Disconnect:** If your service is disconnected for non-payment you will be required to pay, not only the past due amount, but also the current balance due and a disconnect/non-pay fine.

**Late Penalties:** Except as otherwise provided by state law and unless otherwise provided in this contract, if charges for services are not paid by the Due Date. Interest at the rate of ten (10) percent per billing period shall be imposed and accrue on said debt and/or obligation.

**Delinquent Payments and Penalties-A Lien upon Real Property:** Sewer charges that have not been paid and any other delinquent rates, charges and penalties, shall constitute a lien upon the real property served (except that no such lien should be created against any publicly owned property) and such lien shall continue until the delinquent rates, charges, liens and penalties thereon are fully paid.

**BACKFLOW PREVENTION SYSTEM:** For all **NEW** or **REPLACEMENT** construction, a Backflow Prevention Device comparable in structure to the Clean Check Extendable Model EBV-P401 assembly, shall be installed on each **NEW** or **REPLACEMENT** sewer lateral installation. This Backflow Device shall be placed at the property line in a Christy G5 traffic valve box or it's equal. Such Backflow prevention device shall be installed as part of the construction of the sewage collection system by the Owner, Developer or Builder at their expense.

ALL SEWER "MAINLINE" AND "LATERAL LINE" CONSTRUCTION, REPLACEMENTS OR REPAIRS FOR PROPERTIES SERVED BY THE SUSANVILLE SANITARY DISTRICT, **MUST** BE INSPECTED AND APPROVED BY SUSANVILLE SANITARY DISTRICT STAFF **BEFORE** ANY SEWER LINES ARE BURIED. **ALL "SEWER PIPING" MUST BE LEFT EXPOSED FOR INSPECTION!** THIS INSPECTION INCLUDES, BUT IS NOT LIMITED TO, "SEWER PIPING" FROM THE STRUCTURE TO AND INCLUDING SEWER MAINLINES.

**PLEASE CALL (530) 257-5665 AT LEAST 48 HOURS BEFORE WORK IS TO BEGIN TO SCHEDULE AN INSPECTION. INSPECTIONS MAY BE PERFORMED MONDAY THROUGH FRIDAY, EXCLUDING HOLIDAYS.**

**Applicant Agreement:**

I hereby apply for sewer service to be supplied at the premises noted hereon, and promise to pay for same in accordance with the rates which shall be in effect and to conform and to abide by the Susanville Sanitary District [SSD] Ordinances, rules and regulations in force relating to said service.

Applicant agrees to pay all bills, in accordance with SSD terms including interest, late fees, and other charges that may then be imposed by Ordinance No. 76 or its successor. Should suit be brought or legal action taken on same by an attorney or collections, applicant agrees to pay a reasonable fee for such action, including all costs of the court and attorney's fees to the extent found by the court to be reasonable under the circumstances.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Information Received By:      \_\_\_ Walk-In                      \_\_\_ Telephone                      \_\_\_ Fax

Staff Member Receiving Information: \_\_\_\_\_ Date: \_\_\_\_\_

Information Received From: \_\_\_\_\_ Time: \_\_\_\_\_