



Town of Darrington

Utilities Department

1005 Cascade St. PO Box 397

Darrington, WA 98241

P. 360-436-1131 F. 360-436-0221

M-T 9AM- 5PM Fri 9AM- 4PM

www.town.darrington.wa.us

Application for Water/Garbage Service

Application Fee: \$25.00

Name(s): _____ Application Date: ____________

Service Address: _____

Mailing Address: _____

In Care Of: _____

Drivers License/ID No. _____ Phone Number: _____

Email: _____

Please Check One: Owner Tenant Management Company Realtor

Please specify opening/move-in date: _____

Address Service Type: Residential Commercial Industrial Other: _____

Does the service address have any of the following on the property:

Multi-level housing Irrigation System Swimming Pool/Hot tub or spa

Fire Sprinkler System Boiler

Do you or the Owner have any plans in the future to build or install either of the above? Yes No

If yes, please specify estimated date: ____________

Waste Management Services

The Town of Darrington contracts with Waste Management for garbage services. Please review Rates and Sizing chart to choose a container:

Service Description: 20 GAL MSW 35 GAL MSW 35 GAL 1XMO 64 GAL MSW 96 GAL MSW

Other: _____

Residential Commercial

Please direct all service changes and questions to Town Hall at 360-436-1131 or in person at 1005 Cascade St.
Darrington, WA 98241

· The Town of Darrington, Washington is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare.

· I agree that all rates and charges for water service to the above property shall be paid in accordance with existing ordinances, resolutions and regulations, the exact amounts as set by resolution of the Town of Darrington or any such ordinances, resolutions and regulation passed thereafter and is payable immediately upon completion of the applications: Engineering Fees; Water Main Extension; Fire Hydrant Installation; Street Repairs; Tap-In Charge; Equalization Fee; Water Service; Connection Charge; Metering Charge; and other such charges as established by Title or Council resolution.

· I agree to take all measures necessary to prevent the contamination of the plumbing system within the premises and in the Town's distributions system that may occur from backflow through a cross connection. These measures shall include the prevention of backflow under any back-siphonage condition, including the disruption of the water supply from the Town's system that may occur during routine system maintenance or during emergency conditions such as a water main break. I agree to immediately notify the Town of Darrington and the Snohomish Health District of any backflow incident occurring within my premises (i.e., entry of any contaminant/pollutant into the drinking water) and I will fully cooperate with the Town to determine the reason for the backflow incident. I acknowledge and agree to the right of the Town of Darrington to discontinue the water supply within 72 hours of giving notice to me, or a lesser period to protect public health, if I fail to cooperate with the Town in the survey of the premises in the installation, maintenance, repair, inspection or testing of backflow preventative assemblies or air gaps as required by the Town, or in the Town's efforts to contain a contaminant or pollutant that is detected in the system. I acknowledge the right of the Town of Darrington, in keeping with changed in Washington State regulations, industry standards, or the Town's risk management policies, to impose retroactive requirements for additional cross connection control measures.

· I agree to indemnify and hold harmless the Town of Darrington for all contamination of my plumbing system or the Town's distribution system that results from an unprotected or inadequately protected cross connection within my premises. This indemnification shall pertain to all backflow conditions that may arise from the Town's suspension of water supply or reduction of water pressure, recognizing that the air gap separation otherwise required would require me to provide adequate facilities to collect, store and pump water for my premises.

· I agree to install, operate and maintain at all times my plumbing system in compliance with the current edition of the Uniform Plumbing Code having jurisdiction as it pertains to the prevention of contamination and protection from thermal expansion, due to a closed system that could occur with the present or future installation of a backflow preventer on my service and/or plumbing fixtures.

· PLEASE READ AND SIGN BELOW: I understand that payments are due by the date specified on the bill, and that the Town assesses a \$10.00 late penalty on any past due portion of the bill as set by Council ordinances and resolutions. Failure to pay by midnight the day prior to the shut off date will result in y service being disconnected on the specified due date on the delinquent notice and my account being assessed a \$100 service disconnection fee. Once payments received in full, including the \$100 service disconnect fee, water service will be restored within 24 hours, excluding weekends and holidays.

Forms of payment accepted: Cash Check Debit/Credit (fees may apply)

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____

OFFICE USE ONLY

Paid: CASH CHECK DEBIT/CREDIT

Metered Non-Metered Residential Commercial Industrial

WM Services Requested Date: ____/____/____ Utility Account Number: _____

Authorized Clerk Signature: _____ Date: ____/____/____