

AGREEMENT FOR CONSTRUCTION WATER

FOR TEMPORARY USE OF AN APPROVED FIRE HYDRANT METER AND BACKFLOW DEVICE (FOWD OWNED)

This Agreement is made by and between Fair Oaks Water District (FOWD) and _____ for the temporary use of a Fire Hydrant Meter and Backflow Prevention Device (Assembly). The Assembly consists of a 3-inch meter, 2-inch backflow preventer, hydrant locking device and support stanchions. The Assembly must be connected to a fire hydrant, designated by the FOWD and must be used only to provide temporary service for construction activities. Location of the fire hydrant is _____ (see map attached).

The refundable deposit of **\$2,500** must be paid to the FOWD at the time of receiving Assembly. Upon satisfactory return of Assembly, the FOWD will refund deposit to the Applicant within 60 days minus applicable charges.

The following charges will be applied: Assembly rental fee of \$5.00 per calendar day plus water usage through the meter at **\$1.66** per one (1) CCF or 748 Gallons. The FOWD will bill monthly for the rental fees and water usage. Failure to pay the monthly charges within 30 days will result in FOWD retrieving the FOWD's owned Assembly.

The Assembly must be returned to the Fair Oaks Water District Office located at 10317 Fair Oaks Blvd. within 10 days of the completion of construction activities (or within 24 hours of a request from the FOWD) in the same condition as received. The FOWD, at its sole discretion, will determine if the Assembly was returned in acceptable condition and if the money on deposit should be used to repair or replace the Assembly. The FOWD will return the remainder of deposit to the Applicant within 60 days, upon receiving Assembly.

I understand that any damage to, loss of, or failure to return the Assembly will result in FOWD using the deposit funds to resolve the loss or repair as needed.

APPLICANT/RESPONSIBLE PARTY

FAIR OAKS WATER DISTRICT

Mailing Address (Billing/Deposit Refund):

Mailing Address:

10326 Fair Oaks Boulevard
Fair Oaks, CA 95628

Phone # _____

(916) 967-5723

Email _____

Email _____

Name _____

Name _____

Title _____

Title _____

Signature

Date

Signature

Date

For FOWD Use Only: (Below)

Deposit Received by _____ Date _____

Meter Serial # _____ RP Device Serial # _____

Meter Read in (Check One) Gallons CCF CF

Starting Meter Read _____ Ending Meter Read _____

Meter Checked Out

Meter Issued by _____ Date _____

Meter Issued to _____ Date _____
(Signature)

Print Name _____

Meter Checked In

Inspected and Accepted by _____ Date _____

Project Number _____