



# Fosterburg Water District

3216 MAIN ST. - FOSTERBURG ALTON, ILLINOIS 62002-7768  
Tel: (618) 259-0935 FAX: (618) 259-9887

## WATER SERVICE APPLICATION

Applicant Name \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Service Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

Email: \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Co-Applicant Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

Co-Applicant Employer Address \_\_\_\_\_

Number of persons in household \_\_\_\_\_ Emergency Contact Name & Phone \_\_\_\_\_

Have you had water service with us before? \_\_\_\_\_ If so, what address? \_\_\_\_\_

Is there another existing water supply (well, cistern, etc)? \_\_\_\_\_ Yes \_\_\_\_\_ No Type \_\_\_\_\_

Effective date of service \_\_\_\_\_

I/We, the undersigned, hereby make application for water service with Fosterburg Water District and verify that I/We are:

\_\_\_\_\_ 1) The owner of the property. If so, is this rental property? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ 2) The tenant/renter. Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_ Phone \_\_\_\_\_

I/We hereby agree to pay to the Fosterburg Water District for such services to said property in accordance with the rates established by the District and to abide by the rules and regulations of the District. Applicant agrees to pay a non-refundable service charge of \$25.00 which is payable upon execution of this application.

Other Fees & Penalties: 10% penalty added to balances not paid by due date, \$25.00 fee to start or transfer service on an previously existing water service, \$20.00 fee for returned checks or E-Checks, \$75.00 reconnect fee for service disconnected for non-payment.

I/We hereby grant Fosterburg Water District the right of engress and egress over the above property for the purpose of reading of the water meter and maintenance of the water service facility. I understand the metering facility is the property of Fosterburg Water District and that I am responsible for costs of repairs to such facilities if damaged. I understand that I am responsible for the discharge service line and the cost of all metered water.

**\*\*A COPY OF YOUR DRIVER LICENSE WILL BE MADE TO COMPLETE THIS APPLICATION\*\***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*A copy of the District Rules and Regulations is available for inspection at our office during normal business hours.*

**OFFICE USE**  
Date Fee Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Application # \_\_\_\_\_ Scan \_\_\_\_\_  
Rec'd by \_\_\_\_\_

FOSTERBURG WATER DISTRICT  
3216 MAIN ST. – FOSTERBURG  
ALTON, IL 62002 Phone: 618 259-0935

Account number \_\_\_\_\_

**REQUIRED: CROSS CONNECTION CONTROL RECORD**

This document is required by Law Subpart H: Cross Connection Section 653.801 of the Illinois Environmental Protection Agency and as part of the District's Cross-Connection Control Program Ordinance 019-94 and **must be conducted every two years**. The information will be used to compile an inventory of devices which will help safeguard against backflow and back-siphonage into Fosterburg Water District's water supply and to determine the different types of customer water usage.

Please complete, to the best of your knowledge, and return to our office as soon as possible. **Please be sure to fill out the front and reverse sides and sign this form.**

**If you fail to return this document, your service will be considered a high risk cross-connection and will be subject to a plumbing inspection by the Illinois Department of Public Health.**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Water Service Address (if different than mailing address): \_\_\_\_\_

If renting, list landlord: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Listed below are devices that may be installed on your premises that may be interconnected either temporarily or permanently with your potable water supply from the District. Please check any that may apply to you and add any that are not listed.

- |                                                       |                                                                                                 |                                                                                                     |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cistern ** (see below)       | <input type="checkbox"/> Fire sprinkler system                                                  | <input type="checkbox"/> Shampoo basin (beauty shop type)                                           |
| <input type="checkbox"/> Well or wells ** (see below) | <input type="checkbox"/> In-ground sprinkler system                                             | <input type="checkbox"/> Hot water furnace (boiler system) that requires a public water supply line |
| <input type="checkbox"/> Swimming pool                | <input type="checkbox"/> Faucets with hose attachments that do not have anti-siphon attachments | <input type="checkbox"/> Automatic animal waterers – nipple type                                    |
| <input type="checkbox"/> Hot tub                      | <input type="checkbox"/> Dialysis machine                                                       | <input type="checkbox"/> Automatic milkers                                                          |
| <input type="checkbox"/> Aspirator-weedicide          |                                                                                                 | <input type="checkbox"/> Water operated equipment                                                   |

OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have checked "cistern or well" in the list above:

- \*\* Check one: \_\_\_\_\_ No existing plumbing or abandoned with plumbing capped off  
\_\_\_\_\_ Plumbed separately (for example, outside faucets only on well)  
\_\_\_\_\_ Plumbed with only a valve between city supply & other supply  
\_\_\_\_\_ Plumbed with an RPZ valve between city supply & other supply

**-CONTINUED ON THE REVERSE SIDE-**

List all backflow prevention devices installed on your premises other than the device installed at your meter by the District. Examples of some devices include Reduced Pressure Principle Zone Backflow Preventer (RPZ), Pressure Type Vacuum Breaker, and Dual Check Valves.

Name	Model	Serial #	A.S.S.E. #	Date Installed	Installed By

**Please fill out your name, address and signature and return to our office even if you do not have any listed devices or if your premises does not contain any known interconnections.**

Mail the form to: Fosterburg Water District, 3216 Main St., Alton IL 62002  
Email: [fosterwater@fosterburgwaterdistrict.com](mailto:fosterwater@fosterburgwaterdistrict.com) (front and back pages)  
Fax: 618 259-9887 (front and back pages)

If you have any questions about this survey, contact Mark Voumard at 259-0935 between the hours of 8:00 a.m. and 4:30 p.m. Monday-Friday.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date