

**NORTH SUMTER COUNTY UTILITY DEPENDENT DISTRICT (NSCUDD)
CENTRAL SUMTER UTILITY (CSU) AND SUMTER WATER CONSERVATION AUTHORITY (SWCA)**

3571 Kiessel Rd The Villages, FL 32163
(352) 750-0000

Commercial Customer Water, Sewer, Irrigation and

Trash Application Permit and Customer Agreement Number: _____

Application Date _____ Date for start of service _____

Customer Name _____ Emergency Contact _____

Customer phone _____ Emergency Contact Phone _____

Business Name _____ Billing Address _____

If other than business address

Business Address _____

_____ Billing Phone _____

Location Phone _____ Federal Tax ID _____

Business Type _____ Square Foot Change from Previous Tennant YES ☐ NO ☐

Retail, Office, Restaurant, Medical, if other please specify

If a restaurant list hours of operation, number of seats and type of restaurant i.e. full service casual, take out, fast food etc.

Payments Made Payable to NSCUDD - CSU and/or NSCUDD - SWCA

Terms

I agree to be fully bound by the applicable provisions of the rules of Central Sumter Utility and Sumter Water Conservation Authority, as applicable regarding Water, Sewer, and Irrigation User Rates, Fees and Charges, and Operating Policies and Procedures for Water, Sewer, and Irrigation utilities for the property referenced above, located within the boundaries of the utility's service area. It is further understood and agreed that the sale of water to Customer occurs at the meter, and CSU and SWCA have no responsibility related to service or supplying water after said water passes through the Utility supplied meter. Customers are advised not to tamper with meter, including turn on/off of water service which is prohibited. The person executing this application states he/she is duly authorized to execute this agreement on behalf of Customer. Customer agrees to indemnify CSU and SWCA for damages CSU and SWCA may incur because of false representation in this application, and Customer agrees to release and hold CSU and SWCA harmless from all damage resulting from any failure or inability to provide service. It shall be the obligation of the Customer to notify the CSU and SWCA of change of occupancy, or other circumstances for which termination or transfer of service is requested, and Customer shall be responsible for all service charges incurred to the date upon which written or personal notification is received by CSU and/or SWCA.

Acceptance of Terms

Please Print _____

Customer Name and Business Title

Signature of Customer: _____

I have read, understand and agree to the terms set forth above.

THE FOLLOWING FOR CSU/SWCA USE ONLY

Utility Company CSU (potable) ☐ SWCA (irrigation) ☐ Account Number _____

Previous Tenant Use Type _____ Commercial Project Area _____

Acceptance/Denial of Application: _____ Date: _____

(circle one)

NSCUDD Representative

Deposit to be completed by NSCUDD

☐ Water & Sewer \$ _____ ☐ Irrigation \$ _____ Amount Paid: _____

Date Paid: _____ Check No.: _____ Received by: _____

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CROSS-CONNECTION CONTROL PROGRAM

Dear Utility Customer,

The Potable water supplied to your facility is provided by a water system owned by North Sumter County Utility Dependent District (NSCUDD). NSCUDD is responsible for the operation and maintenance of the public water supply beginning at the source and ending at the point of delivery to the customer. A critical element to operating a potable water system is to ensure the protection of the health and safety of the water supplied. One of the ways that this is achieved is by requiring that a Backflow Prevention Assembly be installed at all service connections. A Backflow Prevention Assembly is typically either a Double Check (DC) or Reduced Pressure Assembly (RP) and is located on the customer side of the water meter. Backflow Prevention Assemblies are installed on water service lines to all commercial buildings. This is further explained in the Cross-Connection Control Program Handbook that was created by NSCUDD in compliance with the rules of the Florida Department of Environmental Protection (FDEP). The Cross-Connection Control Program Handbook outlines the requirements of the customer, which includes installation and annual testing and maintenance on all Backflow Prevention Assemblies. A copy of the Cross-Connection Control Handbook can be downloaded on our website at www.DistrictGov.org by selecting the following: Services – Utilities and Sanitation - Commercial Customers - and then under the heading Cross-Connection Control, select NSCUDD.

COMMONLY ASKED QUESTIONS REGARDING CROSS-CONNECTION AND BACKFLOW

What is a cross-connection?

A cross-connection is a point in a plumbing system where the potable water supply is connected to a non-potable source.

Where might cross-connections be found?

They can be found in all plumbing systems in areas such as:

- Wash Basins and Service Sinks
- Hose Bibs
- Ornamental Fountains
- Photo Developing Equipment
- Medical and Dental Equipment
- Fire Sprinkler Systems

What is backflow?

It is the unwanted flow of non-potable or contaminated fluids back into the customer's plumbing system and/or the public water system. There are two types of backflow, see below:

- Backsiphonage- caused by a negative pressure in the supply line to a facility or plumbing fixture.
- Backpressure- can occur when the potable water supply is connected to another system operated at a higher pressure or has the ability to create pressure. Primary causes are booster pumps, pressure vessels, elevated plumbing, etc.

What is a cross-connection control program?

It is a program required by the FDEP to detect and prevent possible sources of non-potable water or contaminants from entering the public water supply.

Why do backflow assemblies need to be tested every year?

The backflow assembly is a mechanical device that needs maintenance just as a vehicle does. The annual test indicates if the internal check valves and mechanics are working properly. Annual testing and maintenance, if necessary, is also required by FDEP and NSCUDD.

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NSCUDD COMMERCIAL CONNECTIONS APPROVED BACKFLOW PREVENTION ASSEMBLIES	
Connection Type	Approved BFP Assembly
Medical/Dental/Veterinary/Eye Care	RP
Laboratory/Blood Center	RP
Grocery Store	RP
Beauty or Nail Salon/Spa	RP
Home Improvement/Hardware	RP
Pool	RP
Funeral Home	RP
Maintenance Facility (Golf, Landscape, etc.)	RP
Wastewater Pumping Station	RP
Wastewater Treatment Plant	RP
Commercial Car Wash	RP
Assisted Living/Nursing Facility	RP
Skilled Nursing Facility	RP
Commercial Laundries/Dry Cleaners	RP
Automotive Repair/Tire Store	RP
Photo Processing Facilities	RP
Pest Control Companies	RP
Cooling Towers	RP
Hospitals	RP
Definitions	
BFP	Backflow Prevention
RP	Reduced Pressure Assembly
Notes	
<ol style="list-style-type: none"> 1. Premises which are served by a stormwater-based irrigation water system shall be protected by a reduced pressure assembly. 2. Backflow Prevention Assemblies for facility types not described above shall be submitted to and approved by NSCUDD or its authorized representative prior to installation. 3. An alternate Backflow Prevention Assembly may be submitted for approval. Alternate assemblies shall be approved by NSCUDD or its authorized representative prior to installation. 	

NSCUDD WATER SYSTEM
CROSS-CONNECTION SURVEY FORM

ACCOUNT
NUMBER: _____

DATE COMPLETED: _____

FACILITY NAME: _____

CONTACT NAME: _____

FACILITY

ADDRESS: _____

FACILITY PHONE: () _____ FACILITY
FAX: () _____

OWNER NAME: _____

CONTACT NAME: _____

OWNER ADDRESS: _____

OWNER PHONE: () _____ OWNER FAX: () _____

TYPE OF FACILITY: _____

DESCRIBE ACTIVITIES AT THE

FACILITY: _____

WATER SERVICE LINE SIZE (in): _____ WATER METER SIZE (in): _____

NOTE: Completion of this form in its entirety is required prior to initiation of water service

QUESTIONS

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Is there another source of water to the property other than the service connection to the public potable supply i.e., a private well, lake, stream, river, pond, etc.? | () | () |
| 2. Is there an irrigation system on the property? | () | () |
| 3. Are there any facilities (such as a booster pump, pressure tank, etc.) that increase the water pressure to the facility or any portion thereof, above the supply pressure presently provided by the potable supply? | () | () |
| 4. Are any chemicals used in the operation? | () | () |
| 5. Are any chemicals stored at the facility? | () | () |
| 6. Are any ejectors, aspirators, or pumps used in the operation? | () | () |
| 7. Is any water recycled during the operation of an air conditioner or other equipment in your plant or building? | () | () |
| 8. Are there any water supply lines submerged in tanks, vats, etc.? | () | () |
| 9. Is there a fire stand-pipe or fire sprinkler system installed in the building? | () | () |

PROVIDE APPROPRIATE DETAILS ON ALL QUESTIONS ANSWERED "YES".
ATTACH ADDITIONAL SHEETS AS
NECESSARY:

Acknowledgement: Details regarding the Cross Connection Control Program are contained in a handbook that has been adopted by NSCUDD. By my signature below, I acknowledge that NSCUDD has made the Cross Connection Control Program Handbook available to me by logging on to www.DistrictGov.org and then selecting the following: Services – Utilities and Sanitation - Commercial Customers - and then under the heading Cross-Connection Control, select NSCUDD. I further agree to be bound by the conditions and guidelines included therein. I also acknowledge that the information that I have provided is correct to the best of my knowledge and may result in the requirement of additional actions. Such actions may include, but are not limited to, installation of or modification of a backflow prevention assembly. Any action, if required, will be the responsibility of the customer or facility owner, as appropriate. Actions shall be completed within 30 days of receipt of notification by NSCUDD or its designated agent.

OWNER OR AGENT: _____ TITLE: _____
(Please Print)

SIGNATURE: _____ DATE: _____

NSCUDD

REPRESENTATIVE: _____ DATE: _____

Upon completion of this form, please return the original to:

North Sumter County Utility Dependent District
Attention: Cross Connection Control Program
3635 Kiessel Road
The Villages, FL 32163
Renee.Smith@VikusWater.com
Fax: (352) 753-1296

FATS, OILS, AND GREASE REMOVAL DEVICE PROGRAM REGISTRATION FORM

Utility Account #:		Date:	
Facility Name:			
Facility Address:			
Contact Name:			
Phone #:		Alternate #:	
Mailing Address (if different from above):			
Please initial ONLY if your facility DOES NOT generate Fats, Oils, and Grease as described in the Fats, Oils, and Grease Handbook. PLEASE NOTE, YOU ARE STILL REQUIRED TO SIGN PAGE 2 OF THIS FORM.			
Seating Capacity (if applicable):		Initial Here	
0-50:	51-100:	101-250:	Over 250:
1. Choose the description that best describes your facility type:			
Fast Food Restaurant	Hospital	Caterer	
Full Service Restaurant	Nursing Home	Other	
Drive Thru Restaurant	Club/Organization	If other please describe:	
Coffee Shop	Office		
Bakery	Auto Repair		
Supermarket	Car Wash		
2. Check each day your business is open:			
Monday:	Tuesday:	Wednesday:	Thursday:
Friday:	Saturday:	Sunday:	
3. Check the meals that are served at your facility (if applicable):			
Breakfast:	Lunch:	Dinner:	Snack/Coffee:
Food Prep Only:			
4. Does this business have a grease removal device?			
Yes:	No:	If no, go to question # 6	
5. Complete the following for EACH grease removal device at your business (If more than 1 device exists at your business, use additional sheets as necessary):			
FOG Removal Device Information			
Indoor or Outdoor:		Size (gallons):	
Location (i.e., under 3-bay sink, in-ground, etc.):			
Manufacturer:		How often is it cleaned/pumped:	
How is the grease disposed of:		Trash	Contractor/Pumper
		Other (describe)	
If a contractor or pumper is utilized for cleaning and / or pumping, please complete the following:			
Company Name:		Phone Number:	
Address:			

6. Choose each of the items listed below that are present in your facility:

Fryer	If yes, how many	Grill	If yes, how many
Oven	If yes, how many	Tilt Kettle	If yes, how many
3-Bay Pot Sink	If yes, how many	2-Bay Pot Sink	If yes, how many
Single Bay Pot Sink	If yes, how many	Pre-Rinse Sink	If yes, how many
Dishwasher	If yes, how many	Mop Sink	If yes, how many
Wok Station	If yes, how many	Other	If yes, how many

If you selected other, please describe:

7. If your facility has grills/ovens which type of exhaust cleaning system do you use to clean the filters:

Automatic cleaning system:	Manual cleaning system:
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8. If you manually clean hood filters, where are they cleaned:

Onsite

Offsite
(by a contractor)

9. If cleaning hood filter on-site, describe process in detail (i.e., 2-bay sink, dishwasher, etc.):

10. If waste fats, oils, and grease are stored on the premises, where is the material stored:

11. Do you use additives associated with your grease containment device, floor drains, sewer lines, etc. to help clean them:

Yes

No

12. If you answered yes to question # 11, please describe the type (i.e., enzyme, bacteria, chemical, etc.):

13. If you answered yes to question # 11, please describe where it is used (i.e., Floor drain, sewer line, etc.):

By signing below you acknowledge that the information that is provided herein is factual to the best of your knowledge. You also acknowledge that you have read and understand the Grease Management Program Handbook that is available to download at www.DistrictGov.org. You are also aware that you must notify the Utility Customer Service Department within 30 days if any of the information provided on this Registration Form changes. Questions regarding the program and its requirements should be directed to the Utility Customer Service Department at (352) 750-0000.

Signature

Date

Please complete this form in its entirety and forward via email, fax, or mail to:

Utility Customer Service Department
Attention: Grease Management Program
3571 Kiessel Road
The Villages, FL 32163
Fax: (352) 753-1572
Email: Utilities@DistrictGov.org

PLEASE ATTACH A COPY OF THE MENU IF AVAILABLE