

**GIBSON PLACE UTILITY COMPANY, LLC (GPU) AND  
GIBSON PLACE WATER CONSERVATION AUTHORITY, LLC (GPWCA)**  
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 Gibson Place Utility, LLC and/or Gibson Place Water Conservation Authority, LLC

**Terms**

I agree to be fully bound by the applicable provisions of the rules of Gibson Place Utility, LLC and Gibson Place Water Conservation Authority, LLC, 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 GPU and GPWCA 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 GPU and GPWCA for damages GPU and GPWCA may incur because of false representation in this application, and Customer agrees to release and hold GPU and GPWCA harmless from all damage resulting from any failure or inability to provide service. It shall be the obligation of the Customer to notify the GPU and GPWCA 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 GPU and/or GPWCA.

**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 GPU/GPWCA USE ONLY**

Utility Company GPU (potable) ☐ GPWCA (irrigation) ☐ Account Number \_\_\_\_\_

Previous Tenant Use Type \_\_\_\_\_ Commercial Project Area \_\_\_\_\_

Acceptance/Denial of Application: \_\_\_\_\_ Date: \_\_\_\_\_

(circle one)

Utility Representative

**Deposit to be completed by Utility Representative**

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

Date Paid: \_\_\_\_\_ Check No.: \_\_\_\_\_ Received by: \_\_\_\_\_

# **The Villages®**

## **Community Development Districts**

### **Utilities**

#### **CROSS-CONNECTION CONTROL PROGRAM**

Dear Utility Customer,

The Potable water supplied to your facility is provided by a water system owned by Gibson Place Utility Company (GPU). GPU 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, irrigation, and fire line services. This is further explained in the Cross-Connection Control Program Handbook that was created by GPU 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](http://www.DistrictGov.org) by selecting the following: Services – Utilities and Sanitation - Commercial Customers - and then under the heading Cross-Connection Control, select GPU.

#### **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
- Irrigation sprinkler Systems
- 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 GPU.

# The Villages®

## Community Development Districts

### Utilities

GPU 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
Fire Protection System (Without Chemical Additives)	DCVA
Fire Protection System (With Chemical Additives)	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	
DCVA	Double Check Valve Assembly
RP	Reduced Pressure Assembly
Notes	
<ol style="list-style-type: none"> <li>1. Premises which are served by a stormwater-based irrigation water system shall be protected by a reduced pressure assembly.</li> <li>2. Backflow Prevention Assemblies for facility types not described above shall be submitted to and approved by GPU or its authorized representative prior to installation.</li> <li>3. An alternate Backflow Prevention Assembly may be submitted for approval. Alternate assemblies shall be approved by GPU or its authorized representative prior to installation.</li> </ol>	

**GPU 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

<u>QUESTIONS</u>	<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:

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Acknowledgement: Details regarding the Cross Connection Control Program are contained in a handbook that has been adopted by GPU. By my signature below, I acknowledge that GPU has made the Cross Connection Control Program Handbook available to me by logging on to [www.DistrictGov.org](http://www.DistrictGov.org) and then selecting the following: Services – Utilities and Sanitation - Commercial Customers - and then under the heading Cross-Connection Control, select GPU. 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 GPU or its designated agent.

OWNER OR AGENT: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Please Print)  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
GPU  
REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Gibson Place Utility Company  
C/O Vikus Water  
Attention: Cross Connection Control Program  
3635 Kiessel Road  
The Villages, FL 32163  
[Renee.Smith@VikusWater.com](mailto: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.			
		Initial Here	
Seating Capacity (if applicable):	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-Repairs					
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):							
<b>FOG Removal Device Information</b>							
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:			
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](http://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: <a href="mailto:Utilities@DistrictGov.org">Utilities@DistrictGov.org</a>	

PLEASE ATTACH A COPY OF THE MENU IF AVAILABLE