

VILLAGE CENTER COMMUNITY DEVELOPMENT DISTRICT (VCCDD)
LITTLE SUMTER SERVICE AREA (LSSA) AND VILLAGE CENTER SERVICE AREA (VCSA)
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 _____
If other than customer name

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.

Make Payments Payable to the Appropriate Utility: Little Sumter Service Area or Village Center Service Area

Terms

I agree to be fully bound by the applicable provisions of the Rules of the Village Center Community Development District (VCCDD) Chapters I and III Establishing Water and Sewer User Rates, Fees and Charges, and Operating Policies and Procedures for Water and Sewer Utility for the property referenced above, located within the boundaries of the district's service area. It is further understood and agreed that the sale of water to Customer occurs at the meter, and VCCDD and Utility have no responsibility relative to service or supplying water after said water passes through the VCCDD 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 and agrees to indemnify VCCDD for damages VCCDD may incur because of false representation in this application. It shall be the obligation of the Customer to notify the VCCDD Utility of change of occupancy, or other circumstances for which termination or transfer of service is requested, and consumer shall be responsible for all service charges incurred to the date upon which written or personal notification is received by VCCDD, located at 3571 Kiessel Road, The Villages, FL 32163.

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 VCCDD USE ONLY

Utility Company (check one) LSSA (potable) ☐ LSSA (irrigation) ☐ VCSA (potable) ☐ VCSA (irrigation) ☐

Account Number _____

Previous Tenant Use Type _____ Commercial Project Area _____

Acceptance/Denial of Application: _____ Date: _____
(circle one) VCCDD Representative

Deposit to be completed by VCCDD

☐ 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 Village Center Community Development District (VCCDD). VCCDD 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 VCCDD 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 VCCDD.

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
- Irrigation sprinkler Systems
- Medical and Dental Equipment
- Hose Bibs
- Photo Developing 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 VCCDD.

The Villages®

Community Development Districts Utilities

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. 	

VCCDD 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:

Acknowledgement: Details regarding the Cross Connection Control Program are contained in a handbook that has been adopted by VCCDD. By my signature below, I acknowledge that VCCDD 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 VCCDD. 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 VCCDD or its designated agent.

OWNER OR AGENT: _____ TITLE: _____
(Please Print)
SIGNATURE: _____ DATE: _____
VCCDD
REPRESENTATIVE: _____ DATE: _____

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

Village Center Community Development 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.			
		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 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:

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) 763-1572
Email: Utilities@DistrictGov.org

PLEASE ATTACH A COPY OF THE MENU IF AVAILABLE