

Town of Combes
P.O. Box 280
21626 Hand Rd.
Combes, TX 78535
Tel (956)425-7131 Tel (956)423-2714
Fax (956)412-6795
www.townofcombes.com



Town of Combes Waterworks Application for Water/Sewer/Garbage Service-Solicitud de Servicio de Agua/Alcantarilla/Basura

Date-Fecha: _____

Applicant's Name-Nombre: _____ Driver License#, ID/State-Licencia, ID/Estado _____

Applicant's Name-Nombre: _____ Driver License#, ID/State-Licencia, ID/Estado _____

Mailing address-Direccion de correo _____

Email address-Correo electronico _____ Phone number-Numero de telefono _____

I hereby apply for water/sewer/garbage service at-Por la presente, solicito servicio de
agua/alcantarilla/servicio de basura en:

Service Address-Direccion para servicio: _____

To be furnished at the standard rates and under the terms and conditions of the Town of Combes, as
from time to time established for such class of service.

A ser amueblado a las tarifas estandar y bajo los terminos y condiciones de la Ciudad de Combes,
segun se establezca de vez en cuando para tal clase de servicio.

RECEIPT FOR DEPOSIT - RECIBO DE DEPOSITO \$ _____

Service Agreement

- I. PURPOSE. The Town of Combes Water Dept. is responsible for protecting the drinking water supply from contamination or pollution which could result from improper private water distribution system construction or configuration. The purpose of this service agreement is to notify each customer of the restrictions which are in place to provide this protection. The utility enforces these restrictions to ensure the public health and welfare. Each customer must sign this agreement before the Town of Combes Water Works will begin service. In addition, when service to an existing connection has been suspended or terminated, the water system will not re-establish service unless it has a signed copy of this agreement.
- II. RESTRICTIONS. The following unacceptable practices are prohibited by State regulations.
 - A. No direct connection between the public drinking water supply and a potential source of contamination is permitted. Potential source of contamination shall be isolated from the public water system by an air-gap or an appropriate backflow prevention device.
 - B. No cross-connection between the public drinking water supply and a private water system is permitted. These potential threats to the public drinking water supply shall be eliminated at the service connection by the installation of an air-gap or a reduced pressure- zone backflow prevention device.
 - C. No connection which allows water to be returned to the public drinking water supply is permitted.
 - D. No pipe or pipe fitting which contains more than 0.25% lead may be used for the installation or repair plumbing at any connection which provides water for human use.
 - E. No solder or flux which contains more than 0.2 percent lead can be used for installation or repair of plumbing at any connection which provides water for human use.
- III. SERVICE AGREEMENT. The following are the terms of the service agreement between the Town of Combes Water Works (the water system) and
 - A. The water system will maintain a copy of this agreement as long as the customer and/or the premises is connected to the water system.
 - B. The customer shall allow his property to be inspected for possible cross-connection and other potential contamination hazards. These inspections shall be conducted by the water system or its designated agent prior to initiating new water service; when there is reason to believe that cross-connection or other potential contamination hazards exist; or after any major changes to the private water distribution facilities. The inspection shall be conducted during the water system's normal business hours.
 - C. The water system shall notify the customer in the writing of any cross-connection potential contamination hazard which has been identified during the initial inspection or the periodic reinspection.

TOWN OF COMBES/P.O. BOX 280/21626 HAND RD./COMBES, TX 78535/956-423-2714(PHONE)/956-412-6795 (FAX)

WASTEWATER QUESTIONNAIRE FOR NON-RESIDENTIAL ESTABLISHMENTS CUSTOMER _____

COMPANY NAME _____ SERVICE ADDRESS _____

MAILING ADDRESS _____

TYPE OF BUSINESS _____ TAX ID# _____

HOME PHONE _____ BUSINESS PHONE _____ SS# _____

DL# _____ EXP _____ RESPONSIBLE PARTY _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

DO YOU/HAVE YOU HAD SERVICE WITH US BEFORE? YES/NO IF YES, LOCATION _____

NUMBER OF SHIFTS PER 24-HOUR DAY _____ AVERAGE NUMBER OF EMPLOYEES PER SHIFT _____

HOURS OF OPERATION _____ A.M. TO _____ P.M. BUSINESS HOURS _____ A.M. TO _____ P.M.

WASTEWATER DISCHARGE ISSUES: THE FOLLOWING QUESTIONS ARE MADE TO CHARACTERIZE THE TYPE OF WASTEWATER THAT WILL BE DISCHARGED FROM YOUR FACILITY.

TYPE OF WASTEWATER DISCHARGED, PLEASE IDENTIFY ALL THAT APPLY: PROCESSED/SANITARY

WILL YOUR BUSINESS BE REQUIRED TO HAVE A "FOOD HANDLERS" PERMIT BY THE CITY OR COUNTY HEALTH DEPARTMENT TO PREPARE FOOD FOR PUBLIC CONSUMPTION? YES/NO

IDENTIFY THE TYPE OF BUSINESS THAT WILL BE AT THIS LOCATION (i.e., retail store, manufacturing, offices, apartments, restaurant, convenience store, bank, laundry, medical office, auto repair, etc.)

WILL THE WASTEWATER DISCHARGED FROM YOUR FACILITY BE STRICTLY DOMESTIC (from restrooms only), or WILL IT ALSO BE PROCESS WASTEWATER (water used directly in your business, activities such as food preparation, manufacturing, or processing? PLEASE DESCRIBE:

REGULATORY INFORMATION ON BUSINESS:

DO YOU ANTICIPATE DISCHARGING OVER 25,000 GALLONS OF PROCESS WASTEWATER PER DAY? YES/NO

IS YOUR BUSINESS CLASSIFIED AS A CATEGORICAL INDUSTRIAL USER UNDER FEDERAL PRETREATMENT REGULATIONS? YES/NO/DO NOT KNOW

DESCRIBE YOUR BUSINESS MANUFACTURING ACTIVITIES (i.e., food preparation, metal finishing, aluminum forming, electro-plating, plastic molding, etc.)