

## REQUIREMENTS FOR NEW METER INSTALLATION RESIDENTIAL

1. New Service Application & Agreement must be completed.
2. Notice of Charges and Fees
3. Utility Easement and Right-of-way - original must be signed, notarized and returned.  
We can notarize in the office, or you can have it done elsewhere.
4. Debit Authorization (for auto payments from checking account)  
(*optional*)
5. Careflite Application (complete if want \$1.00 month on bill will cover everyone in the house on the application)
6. Careflite Opt-Out Form (complete if not wanting to have Careflite)
7. Request Personal Information (must be signed this form keeps us from sharing your personal information.)
8. Authorization for Text/Email Water Alerts (*optional*)
9. Customer Service Inspection  
(required on all new construction per TCEQ).
10. We will need a Copy of Valid Drivers License or ID.
11. We will need a copy of the Warranty Deed or Deed of Trust from the closing, not only will it have the physical address it will also have the legal description of the property (sometimes an additional exhibit).
12. Deposit and Fees
  - A. Deposit \$200.00
  - B. Capital Improvement \$3,000.00
  - C. Installation \$800.00
  - D. If boring is required it starts at \$2,000.00

**WE MUST HAVE ALL ORIGINAL COPIES  
OF ALL DOCUMENTATION**

**BETHANY SPECIAL UTILITY DISTRICT**  
**133 S. CR 810**  
**Alvarado, TX 76009**  
**817-790-2516**  
**817-689-3677 (phone payments)**  
**Fax 817-790-2525**

**New Service Application and Agreement**  
**Residential**

**Please Print:**

Date \_\_\_\_\_

Applicant or Company Name \_\_\_\_\_  
First M.I. Last

Co-Applicant/Spouse Name \_\_\_\_\_  
First M.I. Last

Address at which Applicant requests service:  
(include name of road, subdivision with lot and block number)

\_\_\_\_\_  
\_\_\_\_\_

Billing Address:

Street Address or P.O. Box City/State/Zip

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Drivers License # \_\_\_\_\_ Co-Applicant Drivers License # \_\_\_\_\_

Applicant Social Security # \_\_\_\_\_ Co-Applicant Social Security # \_\_\_\_\_

Check One: Site-Built Home \_\_\_\_\_ Double-Wide \_\_\_\_\_ Single-Wide \_\_\_\_\_ Duplex \_\_\_\_\_

If Business, Name & Type of Business: \_\_\_\_\_

**NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY**

FOR OFFICE USE ONLY: ACCOUNT # \_\_\_\_\_ BOOK # \_\_\_\_\_ SEQUENCE # \_\_\_\_\_

The District shall sell and deliver water and/or wastewater service to the Applicant and the Applicant shall purchase, receive, and/or reserve service from the District in accordance with the Service Policies of the District, as amended from time to time by the Board of Directors of the District. Upon compliance with said Policies, including payment of a deposit, the Applicant shall become eligible to receive service.

The Applicant shall pay the District for service hereunder as determined by the District's Service Policies and upon the terms and conditions set forth therein, a copy of which has been provided as an information packet, for which Applicant acknowledges receipt hereof by execution of this Agreement.

A copy of this Agreement shall be executed before service may be provided to the Applicant.

The Board of Directors shall have the authority to discontinue, terminate or suspend the service to any customer not complying with any policy or not paying any utility rates, fees or charges as required by the District's published Service Policies. At any time service is discontinued, terminated or suspended, the District shall not re-establish service unless it has a current, signed copy of this agreement.

All water shall be metered by meters to be furnished and installed by the District. The meter is for the sole use of the customer and is to provide service to only one (1) dwelling or one (1) business. Extension of pipe(2) to transfer utility service from one property to another, to share, resell, or sub-meter water to any other persons, dwellings, businesses, or property, etc., is prohibited.

The District shall have the right to locate a water service meter and the pipe necessary to connect the meter on the Applicant's property at a point to be chosen by the District, and shall have access to its meter and equipment located upon Applicant's premises at all reasonable and necessary times for any purpose connected with or in the furtherance of its business operations, and upon discontinuance of service the District shall have the right to remove any of its equipment from the Applicant's property.

Initial The Applicant shall install, at their own expense, any necessary service lines from the District's facilities and equipment to the point of applicant's use, including any customer service isolation valves (cut-off valves), backflow prevention devices, pressure regulators, clean-outs, and other equipment as may be specified by the District.

Initial All water utilities including the District are required by the Texas Commission on Environmental Quality (TCEQ) to obtain a completed Customer Service Inspection (CSI) Certificate before designating and transferring the account to permanent status for continuous water service. Water service is considered temporary until CSI requirement is verified.

The District shall also have access to the Applicant's property for the purpose of inspecting for possible cross-connections, potential contamination hazards, illegal lead materials, and any other violations or possible violations of state and federal statutes and regulations relating to the federal Safe Drinking Water Act or Chapter 341 of the Texas Health & Safety Code or the District's Service Policies.

The District is responsible for protecting the drinking water supply from contamination or pollution which could result from improper practices. This service agreement serves as notice to each customer of the restrictions which are in place to provide this protection. The District shall enforce these restrictions to ensure the public health and welfare. The following undesirable 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 sources of contamination shall be isolated from the public water system by an airgap or an appropriate backflow prevention assembly in accordance with state plumbing regulations. Additionally, all pressure relief valves and thermal expansion devices must be in compliance with state plumbing codes.
- 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 proper installation of an airgap or a reduced pressure-zone backflow prevention assembly and a service agreement must exist for annual inspection and testing by a certified backflow prevention device tester.
- c. No connection which allows condensing, cooling, or industrial process water to be returned to the public drinking water supply is permitted.
- d. No solder or flux which contains more than 0 % lead may be used for the installation or repair of plumbing on or after July 2012, at any connection which provides water for human consumption.

The District shall maintain a copy of this agreement as long as the Applicant and/or premises is connected to the public water system. The Applicant shall allow their property to be inspected for possible cross-connections, potential contamination hazards, and illegal lead materials. These inspections shall be conducted by the District or its designated agent prior to initiating service and periodically thereafter. The inspections shall be conducted during the District's normal business hours, except in emergencies.

The District shall notify the Applicant in writing of any cross-connections or other undesirable practices which have been identified during the initial or subsequent inspection. The Applicant shall immediately correct any undesirable practice on their premises. The Applicant shall, at their expense, properly install, test, and maintain any backflow prevention device required by the District. Copies of all testing and maintenance records shall be provided to the District as required. Failure to comply with the terms of this service agreement shall cause the District to terminate service or properly install, test, and maintain an appropriate backflow prevention device at the service connection. Any expenses associated with the enforcement of this agreement shall be billed to the Applicant.

In the event the total water supply is insufficient to meet the service needs of all of the District's customers, or in the event there is a shortage of water, the District may initiate the Emergency Rationing Program as specified in the District's Service Policies. By execution of this Agreement, The Applicant hereby agrees to comply with the terms of said program.

By execution hereof, the Applicant shall hold the District harmless from any and all claims for damages caused by service interruptions due to waterline breaks by utility or like contractors, tampering by other customers/users of the District, normal failures of the system, or other events beyond the District's control.

The Applicant shall grant to the District permanent recorded easement(s) dedicated to the District for the purpose of providing reasonable rights of access and use to allow the District to construct, maintain, replace, upgrade, parallel, inspect, test and operate any facilities necessary to serve that Applicant as well as the District's purposes in providing system-wide service for existing or future customers.

By execution hereof, the Applicant agrees that non-compliance with the terms of this agreement by said Applicant shall justify discontinuance, termination or suspension of service until such time as the violation is corrected to the satisfaction of the District.

Any misrepresentation of the facts by the Applicant on any of the three pages of this agreement shall result in discontinuance of service pursuant to the terms and conditions of the District's Service Policies.

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Co-Applicant*

\_\_\_\_\_  
*Approved and Accepted*

\_\_\_\_\_  
*Date Approved*

New meter install is \$3,800.00

Deposit \$200.00

We will need to make a copy of a Valid Drivers License or Valid ID

We will need to make copy of Warranty Deed or Deed of Trust it will contain the physical description of the property along with the physical address of the property.

Payment:

Credit/Debit \$ \_\_\_\_\_ Type \_\_\_\_\_ Fee (3.5%) \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

Money Order \$ \_\_\_\_\_ Check # \_\_\_\_\_

Cashiers Check \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_  
Employee Initials

\_\_\_\_\_  
Date

Account # \_\_\_\_\_

Auto Draft	Yes	or	No
CareFlite	Yes	or	No

**THIS PAGE IS TO BE COMPLETED BY OFFICE STAFF  
FOR OFFICE USE ONLY**

**NOTICE OF CHARGES AND FEES**  
**Owner - Residential**

Bethany Special Utility District  
133 S CR 810  
Alvarado, TX 76009  
817-790-2516  
817-689-3677 (phone payments)  
817-790-2525 (fax)  
[bethanysud@gmail.com](mailto:bethanysud@gmail.com)

**MINIMUM MONTHLY CHARGE:** \$38.00 per month for the first 1,000 gallons used, plus \$5.95 per each 1,000 used for the next 15,000 gallons and \$7.00 per each 1,000 used 15,001 gallons to 35,000 gallons and \$10.00 per thousand for anything over 35,001 gallons of water. Any customer requiring two meters will be charged \$76.00 per month for the first 2,000 gallons used, plus \$5.95 per each 1,000 used for the next 15,000 gallons and \$7.00 per each 1,000 used 15,001 gallons to 35,000 gallons and \$10.00 per thousand for anything over 35,001 gallons of water. TWC Tax (.5%) is added to the monthly water charge on each bill.

**LATE FEE:** A \$20.00 late charge is added to the balance if the bill is not paid by the 10<sup>th</sup> of each month. Failure to pay a bill in full by the 25<sup>th</sup> of each month will result in disconnection of water service. A reconnection/trip fee of \$100.00 will apply anytime our service drivers have to make a trip for disconnection of service. All balances must be paid in full to resume service. Service cannot be restored after hours and our service men cannot accept any form of payment. If the meter is locked, for any reason, the minimum charge will still apply each month.

A Deposit of \$200.00 along with \$3,000.00 for Capital Improvement and \$800.00 for installation is required for all new meter installs. The total is \$4,000.00. Installation will not be done till all paperwork has been received and completed accurately along with the payment.

It is your responsibility to pay your monthly bill. The bills are mailed so that you should receive it by the 1<sup>st</sup> of the month. If you do not receive your bill, please contact us at 817-689-3677. We cannot be responsible for the postal service. There is a \$25.00 charge for returned checks. A \$20.00 late fee may also apply. If at any time we receive a check back for insufficient funds then we will no longer be able to accept personal checks. Only cash, credit/debit cards (with \$2.00 processing fee), money orders or cashier's check will be accepted for payment of a returned check.

Anytime you believe that your bill is incorrect, you should contact the office by phone at 817-689-3677. If problem is not resolved informally, you may request a hearing by written notice during normal business hours. The request for hearing must be registered prior to the proposed date of discontinuance. No formal hearing may be had where your sole complaint is that you are financially unable to pay the billing and there is no dispute as to accuracy of the billing. If the determination is made that the bill is correct, you will be required to pay the amount due.

Customer must contact our office in advance to suspend or cancel service. Failure to do so will result in continuing charges.

You are hereby notified that unauthorized connection of a utility meter is a violation of Sec. 31.4 of the Texas Penal Code and is subject to prosecution. If at anytime a lock is placed on a meter and that lock is removed by anyone other than a Bethany SUD Employee your account will be charged \$200.00. Your account will also be charged for the water usage that occurred from the time the lock was removed at the current highest water rate per 1000 gallons of water used.

Our office hours are Monday - Friday 8:00am to 4:00pm. For your convenience, a night drop slot is located on the front door for payments during and after non business hours. We are able to set up an automatic draft on your bank account if you complete the Debit Authorization form and provide us with a voided check. If paying with a debit or credit card call 817-689-3677 Monday - Friday 8:00am to 4:00pm (if no answer leave a message with Name, Phone number and Service Address).

If you have a complaint you may contact Laura Aguirre the Business Manager at 817-939-1331, or Clint Irwinsky the Operations Manager at 817-819-3004. If they cannot assist you with your concern, it should be brought before the Board of Directors at the monthly board meeting held on the 3<sup>rd</sup> Tuesday of each month.

By execution hereof, the Applicant shall hold the District harmless from any and all claims for damages caused by service interruptions due to waterline breaks by utility or like contractors, tampering by other customer/users of the District, normal failures of the system, or other events beyond the District's control.

Thank you and we appreciate your business!

\_\_\_\_\_  
Current (New) Occupant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current (New) Occupant Signature

\_\_\_\_\_  
Date



UTILITY EASEMENT AND RIGHT-OF-WAY

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_ of \_\_\_\_\_ County Texas, hereinafter called Grantor(s), does hereby covenant he/she/they own the following described property and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby grant and convey to Bethany Special Utility District, hereinafter called Grantee, its successors, and assigns, a perpetual Easement situated in the \_\_\_\_\_ Survey, Abstract No. \_\_\_\_\_; more particularly described in the instrument recorded in Volume \_\_\_\_\_, Page \_\_\_\_\_, containing \_\_\_\_\_ acres, or the \_\_\_\_\_ Subdivision, Block \_\_\_\_\_, Lot \_\_\_\_\_, Deed Records, \_\_\_\_\_ County, Texas, together with the right of pedestrian or vehicular ingress and egress over Grantor's adjacent lands for the purpose of operating and maintaining the Grantee's utility facilities or reading meter(s) situated on this land. The Easement hereby granted shall be 20' in width. Grantee is hereby authorized to operate and maintain existing waterlines, including related acts deemed by Grantee to be necessary such as installing, inspecting, repairing, replacing, upgrading, existing or proposed water distribution and/or transmission pipelines, meters, valves and any other appurtenances as needed. Said waterline shall be the centerline of the easement.

As part of granting said Easement, Grantor covenants Grantee will also have the right to prevent the construction or placement within the Easement of any building, structures materials or other obstructions which may, in the sole judgment of the Grantee, endanger, interfere with the Grantee's use of the Easement or the efficiency, safety or convenient operation of said utility service(s) or related equipment. If such obstruction(s) are constructed or otherwise placed within the Easement without Grantee's prior written consent, then Grantee shall have the right to remove same from such space and seek payment from the owner for the reasonable cost of such removal. Grantor shall not make changes in the grade, elevation, or contour of the land within the Easement without prior written consent of Grantee, its successors and assigns. Grantor agrees that Grantor, Grantor's heirs, successors and assigns shall not individually, or in combination with others, interfere directly or indirectly with the Grantee's efficient, safe, or convenient use of this Easement.

Said consideration constitutes payment in full for all damages sustained by Grantors by reason of the installation of the structures referred to herein and the Grantee will maintain such easement in a state of good repair and efficiency so that no unreasonable damages will result from its use to Grantors' premises. This Utility Easement and Right-of-Way contains all covenants and terms between Grantor and Grantee related to the Easement. Any amendment or modification of this Easement must be in writing and agreed by both parties.

TO HAVE AND TO HOLD this Easement unto Grantee, its successors and assigns forever, and Grantor hereby binds Grantor, Grantor's heirs, successors, and assigns to warrant and forever defend said Easement to Grantee, its successors and assigns, against any person or entity claiming the same or any part thereof.

IN WITNESS WHEREOF the said Grantor has executed this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

GRANTOR (S):

\_\_\_\_\_

ACKNOWLEDGEMENT

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on the day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed hereto, and acknowledged to me that he/she executed the same of the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for State of Texas

# Debit Authorization Form

I (we) hereby authorize **Bethany Special Utility District** to initiate entries to my checking account at the Financial Institution listed below, if necessary initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Bethany Special Utility District is notified by me (us) in writing to cancel it in such time as to afford Bethany Special Utility District and the Financial Institution a reasonable opportunity to act on it.

---

Name

---

Address

---

Phone #

---

Name of Financial Institution

---

Address of Financial Institution - Branch City, State & Zip

---

Financial Institution Routing Number

---

Account Number

**WILL BE DRAFTED ON THE 10TH OF EACH MONTH**

---

Signature

Date

---

Bethany Account Number

**PLEASE ATTACH A VOIDED CHECK**

Office use only

---

Date & Initials Added to Tabs

---

Date & Initials Added to ACH



3110 S. Great Southwest Pkwy  
 Grand Prairie, Texas 75052  
 (877) 339-2273 Membership  
 Fax: 972-660-8821



**Caring – Heart  
 Membership Application  
 Bethany SUD**



Bethany Special Utility District & CareFlite have partnered together to allow all customers of the water system to become members of CareFlite for \$1 per month. This includes all permanent family members of your household at no additional cost as listed below. Filling out this application is not required by the agreement but by doing so, CareFlite is able to provide you with better service if you are transported.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Do you have health insurance?  Yes  No If you answered Yes to this question, please list your primary health insurance company:

\_\_\_\_\_

**Other Family Members of Your Household:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

*(For additional household family members, please copy this page and attach to this application)*

By submitting this application, I agree (on my behalf and on behalf of my family) in consideration of the benefits provided to abide by the terms of the Caring-Heart Membership Program, which are shown on the back of this application. I request payment of authorized Medicare or other insurance benefits to me, or on my behalf, to be paid to CareFlite for any emergency services and supplies furnished to me or my household family members by CareFlite. I authorize any holder of any of my medical information or that of my household family members to release that information to CMS, its agents or carriers, or CareFlite in order to determine benefits payable on my behalf or on behalf of my family members, now and in the future. This agreement and authorization is executed on my own behalf and on behalf of the other members of my household, if they are minors or otherwise unable to sign. I understand that under Texas rule 157.11 if I or a household member is a Medicaid recipient, than I am not allowed to have them on this application. Therefore I am stating that I have not listed on this application anyone that is a Medicaid recipient. If a household family member subsequently becomes a recipient of Medicaid, I will notify CareFlite in writing of this change immediately. I warrant that all of the information on this application is true and correct. CareFlite reserves the right to request documentation to verify the accuracy of any such information. I acknowledge that membership in CareFlite's Caring-Heart Membership Program is an EMS membership in a program sponsored by CareFlite and is not a membership in CareFlite's non-profit entity as the term "membership" is contemplated under the Texas Non-Profit Corporation Act.

Signature \_\_\_\_\_

<b>For CareFlite Office Use Only</b>	
Date Received: _____	Membership # Assigned: _____



3110 S. Great Southwest Pkwy.  
 Grand Prairie, Texas 75052  
 Members Services Office  
 Phone: (877) 339-2273  
 Fax: (972) 660-8821



## Caring - Heart Membership Program



**PERSONS COVERED:** This Agreement covers the household family members listed on the application on the reverse side provided to CareFlite, so long as they remain full-time residents (including college students) of my household. New residence family members may be added, others deleted or the household location changed by written notice to CareFlite at the address shown above. Added members will be effective as of the date the information is received by CareFlite. Medicaid recipients may not enroll by law.

**EFFECTIVE DATE:** The program complies with the contracted terms between CareFlite and the entity named on the reverse side.

**BENEFITS:** Payment of the membership fee and compliance with the terms of this program/agreement entitles the member to the following benefits:

1. Emergency helicopter air ambulance services originating within 150 miles of DFW Airport for medically necessary advanced or basic life support emergency transport services from CareFlite as a result of an emergency medical condition shall pay nothing out of pocket, unless otherwise specified herein.
2. Emergency fixed wing air ambulance services for patients needing a higher level of care originating within 500 miles of DFW Airport and within the United States shall pay nothing out of pocket. For non-medically necessary fixed wing transports, CareFlite will make its best efforts to obtain an insurance pre-authorization. For fixed wing air ambulance service that are not medically necessary and/or operated for patient or family convenience, CareFlite will give members a 50% discount from its standard rates.
3. CareFlite's ground ambulance and 911/EMS service will be available with its service areas. These benefits will follow the rules of this Air Ambulance membership program.
  4. If CareFlite has any agreements for the reciprocal honoring of a membership benefit with other air/ground EMS providers, all Members of CareFlite shall be covered by such agreement. A list of any such agreements can be found at [www.careflite.org](http://www.careflite.org).

**PAYMENT FOR SERVICES:** I understand that I am responsible for payment for any services provided to me by CareFlite, but that my membership will assist me by discharging that part of my financial liability that is not covered by insurance for those CareFlite services specified in this Agreement. This benefit is subject to certain limitations specified in this agreement. As a condition of receiving this benefit, I hereby assign (hand over) to CareFlite all rights and benefits that I or the other family members of my residence have under any and all medical, health, supplemental, worker's compensation, liability, auto or homeowner's insurance policies or plans, or from other third party payers or sources which provide coverage or would otherwise pay for ambulance services. Such payment sources are collectively referred to in this agreement as "insurance". I authorize the payment of all insurance benefits or payments to CareFlite. I understand that CareFlite will, whenever it deems it feasible, file claims for and directly collect the benefits payable from insurance up to the amount of CareFlite's charges for its services. When requested by CareFlite, I agree to complete any forms and take any other reasonable action that may be necessary to collect such amounts. If I or anyone on my behalf receives any insurance or other third party payments for services provided by CareFlite, I will promptly forward those payments to CareFlite at the address shown at the top of this form.

**LIMITATIONS and CONDITIONS:** Membership benefits extend to CareFlite's critical care, advanced or basic life support helicopter and fixed wing air ambulance services staffed with nurses, paramedics and pilots, Specialty Care Transport (a ground transport staffed similarly to CareFlite's air ambulance services) as well as ground ambulances staffed with quality trained paramedics and EMTs. Member benefits are not applicable to services rendered by any other provider. As a condition of receiving the benefits of membership with respect to any air or ground ambulance transport, members with insurance agree to and must comply with all coverage conditions of their applicable insurance program for such transport. Some insurance programs require the insured person to obtain prior authorization of payment for non-emergency, yet medically necessary air ambulance services. (This requirement typically applies to fixed wing air ambulance and inter-facility ground ambulance only but not to helicopter or 911/EMS emergency services.) Non-insured household family members will automatically receive a 50% membership discount on CareFlite's standard charges for the services rendered. Some plans require certain documentation from the insured within a specified time limit or the plan(s) deny or reduce coverage for ambulance services. In the event the member with insurance forfeits coverage by failing to comply with these types of requirements for a transport that would otherwise be covered by insurance, the member will then forfeit membership benefit for failing to so comply and their membership can be revoked at CareFlite's discretion. Membership is available for sale only in those counties or jurisdictions shown on CareFlite's website [www.careflite.org](http://www.careflite.org). Ground ambulance benefits are available to all members but only in CareFlite's ground ambulance service areas. The member must hold a membership that is in good standing at the time of service and the transport must originate in CareFlite's deemed service area with CareFlite as the transporting agency. CareFlite reserves the right to deny or revoke any membership for reasonable cause. If membership is revoked then all balances are due in full. CareFlite may terminate the membership program at any time upon notice to the members. If CareFlite terminates the program, members will have any unused, prorated portion of their membership fee returned. To protect member fees, CareFlite maintains a bond with an A rated insurance company. CareFlite's Membership benefits are honored by certain other medical transport programs. Visit [www.careflite.org](http://www.careflite.org) for complete details.

CareFlite is a 501(c)3 not for profit air & ground ambulance service sponsored by:



[WWW.CAREFLITE.ORG](http://WWW.CAREFLITE.ORG) MEMBERSHIP (877) DFW CARE



**Bethany Special Utility District**

**Opt Out Form  
133 S CR 810  
Alvarado, TX 76009**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Utility Account # \_\_\_\_\_

The undersigned hereby notifies the Bethany SUD that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the \$1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle. As a result of opting out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite's air and ground ambulance service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Bethany SUD Witnessing Signature Above

\_\_\_\_\_  
Date Signed

**For Water Department Use Only:**

\$1 CareFlite Membership Fee removed from account shown above on \_\_\_\_\_  
by \_\_\_\_\_.

**REQUEST PERSONAL INFORMATION  
CONTAINED IN OUR UTILITY RECORDS  
NOT BE RELEASED TO UNAUTHORIZED PERSONS**

The Texas legislature enacted a bill, effective September 1, 1993 allowing special utility districts to give their customers the option of making the customer's address, telephone number, and social security number confidential.

*IS THERE A CHARGE FOR THIS SERVICE?*

*NO. There is not a charge for this service.*

*HOW CAN YOU REQUEST THIS?*

*Simply complete the bottom of this page and return to:*

Bethany Special Utility District  
133 S. CR. 810  
Alvarado, Texas 76009

Your response is not necessary if you do not want this service.

**WE MUST STILL PROVIDE THIS INFORMATION UNDER LAW TO CERTAIN PERSONS.**

We must still provide this information to (1) an official or employee of the state or a political subdivision of the state, or the federal government acting in an official capacity; (2) an employee of a utility acting in connection with the employee's duties; (3) a consumer reporting agency; (4) a contractor or subcontractor approved by and providing services to the utility or to the state, a political subdivision state, the federal government, or an agency of the state or federal government; (5) a person for whom the customer has contractually waived confidentiality for personal information; or (6) another entity that provides water, wastewater, sewer, gas, garbage, electricity, or drainage services for compensation. However, such confidentiality does not prohibit the District from disclosing the name and address of each customer on a list to be made available to the District's voting customers, or their agents or attorneys, in connection with any meeting of the District's customers.

---

Yes, I want to make my personal information (address, telephone number, and social security number) confidential.

---

Name

---

Account Number

---

Address

---

Telephone Number

---

City, State, Zip Code

X 

---

Signature

Authorization for Text/Email Alerts

Date: \_\_\_\_\_

Account # \_\_\_\_\_

Account Name \_\_\_\_\_ Service Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone/Text # \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_

By signing below I authorize Bethany Special Utility District to set me up for text/email alerts regarding my water service. At any time I can cancel this authorization by signing a cancellation form.

\_\_\_\_\_  
Customer Signature



## Texas Commission on Environmental Quality

### Customer Service Inspection Certificate

#### Form TCEQ-20699 - Instructions

#### General Instructions:

The purpose of form TCEQ-20699 is to certify the identification and prevention of cross connections, potential contaminant hazards, and illegal lead materials as per *Title 30 of the Texas Administrative Code(30 TAC) 290.46(j)(4)*. The form can be completed one of two ways:

1. The form can be printed and completed manually, or;
2. The form can be completed electronically through an electronic medium (tablet, laptop computer, etc.). The yellow areas on the form can be completed electronically.

***NOTE: The form is intended to be completed on-site while the inspection is occurring. If the form is completed electronically, the electronic device must also be on-site for proper use of this form.***

The form must be printed and signed by the Inspector that performed the work. The hardcopy original or a copy must be provided to the Public Water System (PWS) for record keeping purposes as specified in *30 TAC §290.46(f)(3)(E)(iv)*.

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#### Specific Instructions:

Please follow these instructions when completing Form TCEQ-20699:

1. Check boxes: If completing the form electronically, all check boxes are highlighted in yellow and can be selected to make the desired indication. Selecting a box will insert an "X" in the box.
2. Remarks: The "Remarks" section of the form is expandable, which means your final report can be more than one page. Make sure to include all pages when submitting to the local water purveyor.
3. Due to there being three (3) different licensed individuals that can fill out this form: TCEQ Licensed Customer Service Inspector, Licensed Plumbing Inspector or Licensed plumber with Water Supply Protection Specialist endorsement. Please provide your title.



Texas Commission on Environmental Quality  
**Customer Service Inspection Certificate**

Name of PWS:	Bethany Special Utility District
PWS ID #:	1260016
Location of Service:	

Reason for Inspection:	
New construction	<input type="checkbox"/>
Existing service where contaminant hazards are suspected	<input type="checkbox"/>
Material improvement, correction or expansion of distribution facilities	<input type="checkbox"/>

I \_\_\_\_\_, upon inspection of the private water distribution facilities connected to the aforementioned public water supply do hereby certify that, to the best of my knowledge

Compliance	Non-Compliance	
<input type="checkbox"/>	<input type="checkbox"/>	(1) No direct or indirect connection between the public drinking water supply and a potential source of contamination exists. Potential sources of contamination are isolated from the public water system by an air gap or an appropriate backflow prevention assembly in accordance with Commission regulations.
<input type="checkbox"/>	<input type="checkbox"/>	(2) No cross-connection between the public drinking water supply and a private water system exists. Where an actual air gap is not maintained between the public water supply and a private water supply, an approved reduced pressure principle backflow prevention assembly is properly installed.
<input type="checkbox"/>	<input type="checkbox"/>	(3) No connection exists which would allow the return of water used for condensing, cooling or industrial processes back to the public water supply.
<input type="checkbox"/>	<input type="checkbox"/>	(4) No pipe or pipe fitting which contains more than 8.0% lead exists in private water distribution facilities installed on or after July 1, 1988 and prior to January 4, 2014.
<input type="checkbox"/>	<input type="checkbox"/>	(5) Plumbing installed on or after January 4, 2014 bears the expected labeling indicating $\leq 0.25\%$ lead content. If not properly labeled, please provide written comment.
<input type="checkbox"/>	<input type="checkbox"/>	(6) No solder or flux which contains more than 0.2% lead exists in private water distribution facilities installed on or after July 1, 1988.

I further certify that the following materials were used in the installation of the private water distribution facilities:

Service lines:	Lead <input type="checkbox"/>	Copper <input type="checkbox"/>	PVC <input type="checkbox"/>	Other <input type="checkbox"/>
Solder:	Lead <input type="checkbox"/>	Lead Free <input type="checkbox"/>	Solvent Weld <input type="checkbox"/>	Other <input type="checkbox"/>

Remarks:	

I recognize that this document shall be retained by the aforementioned Public Water System for a minimum of ten years and that I am legally responsible for the validity of the information I have provided.

Signature of Inspector:		License Type:	
Inspector Name(Print/Type):		License Number:	
Title of Inspector:		Date / Time of Insp.:	/

A Customer Service Inspection Certificate should be on file for each connection in a public water system to document compliance with 30 TAC § 290.44(h)/290.46(j).