

# CALHOUN COUNTY MUNICIPAL WATER

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## **Office Locations**

1722 Old State Rd

Gaston, SC 29053

Phone: 803-739-1711

Fax: 803-739-8943

[sweeks@calhouncounty.sc.gov](mailto:sweeks@calhouncounty.sc.gov)

## **WATER USERS AGREEMENT**

This Agreement entered into between the Calhoun County Municipal Water System and the customer.

WHEREAS, the Customer desires to purchase water from the County and to enter into a Water Users Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements herein contained, it is hereby understood and agreed by the parties hereto as follows:

The County shall furnish, subject to the limitation ordinance and regulations in force or as hereafter amended such quantity of water as the customer may desire in connection with customer's occupancy of the following described property:

Resident Name \_\_\_\_\_

Business Name (if applies) \_\_\_\_\_

Property Address \_\_\_\_\_  
\_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Driver's License # \_\_\_\_\_ SS # \_\_\_\_\_

Property Owner at Location of Water (Circle) YES NO

Owner's Name & Phone # \_\_\_\_\_

The customer agrees to pay a \$100 deposit and a \$50.00 turn on service fee. The customer agrees to comply with and be bound by ordinances, rules and regulations of the County in force or as hereafter duly and legally supplemented, amended, or changed. The customer also agrees to pay for water at such rates, time and place shall be determined by the County and

agrees to the imposition of such penalties for noncompliance as are now set out in the rules and regulations, or which may be hereafter adopted and imposed by the County.

In the event service to the customer is terminated, either voluntarily by the customer, or by the County for cause, the deposit shall be held and applied by the County to any unpaid balance then owing on the customer's account. Should the account be fully paid at the time of termination of service to the member, the deposit shall be refunded by the County within a reasonable time thereafter.

**I understand if the County cuts my water off for non-payment it is illegal on my part to cut the water back on and I will be fined accordingly. I understand if the county cuts my water off for non-payment; it will not be reconnected until the past due balance plus the \$50.00 reconnection fee is paid in full.**

Residential Water Leak Adjustment Policy: An adjustment of charges exceeding a billing cycle annual average consumption caused by a leak or broken water pipe will be adjusted to 50%. The 50% adjustment will not be made lower than the average water bill of the customer. In the case of the bill being \$400 or more, an adjustment will be made making your bill \$200. This bill will not be reduced any lower than \$200. The leak must be promptly repaired and any requested adjustment must be submitted within 30 days after the end of the billing cycle in which the leak was repaired. By applying for this adjustment the Public Works representative has the right of access and inspection to determine that the leak was repaired. This is a ONE TIME ADJUSTMENT per 12 month period at the discretion of the Public Works Director.

I have recently expressed my desire to become a water user on the Calhoun County Municipal Water Systems by signing a Water User Agreement. Billing will be bi-monthly except in the Stumphole area and lower part of the county which will be monthly.

I certify by my signature on this date that I fully understand this User Statement and intended purpose.

*Please return the User Agreement with your payment. If any questions, please do not hesitate to call us. Thank you.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Office Use Only

Location # \_\_\_\_\_

Meter Reading \_\_\_\_\_

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