

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT LEAK ADJUSTMENT POLICY

It shall be the policy of the North Garland County Regional Water District to allow one leak adjustment per customer account per 12-month period for active water users of the District provided that they meet all the qualifications for the leak adjustment program as stated herein.

No adjustments will be made until the leak has been repaired and the customer attests that the repairs have been completed, provides written documentation of the repair and attests they have checked the leak detector in the meter box to determine the system is leak free. The repair work can be performed by a property owner in a building owned or operated by him or her or person designated by him or her.

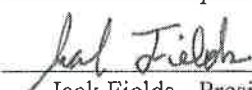
Adjustments will only be allowed if the total amount of the bill, on which an adjustment is requested, is at least two times (2X) the most recent twelve-month period average bill for the account. The District will extend its best effort to notify customers whose bills appear to be two times (2X) the total cost of a twelve-month average for the customer's account, which the District interprets as a potential leak on that customer's account. However, the District's failure to notify a customer of a potential leak shall not discontinue the customer's obligation to repair her/his leak. It shall be the responsibility of a customer who has a leak to notify the District that the customer requests the leak adjustment, and the customer must make such notification of a leak adjustment request no later than ten (10) days before the due date of the bill on which an adjustment is requested.

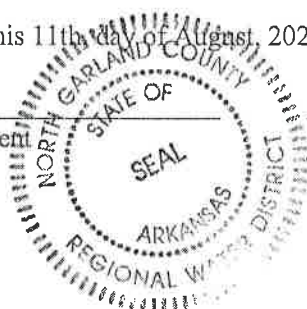
Only water lines from the meter to the point of the connection of the water line to the house or building will qualify for a leak adjustment. Leaking appliances or plumbing fixtures inside the house/building causing additional or excess water usage are not eligible for this leak adjustment program.

1. Accounts must be active for 12 months before they are eligible for a leak adjustment. New connections are not eligible.
2. If eligible for a leak adjustment, the bill will be adjusted down to the amount of the customer's most recent 12-month average bill.
3. Leaks must be repaired within 5 days of being notified by the District or 10 days following the bill date.
4. Once repairs are completed, the customer "MUST" contact the District office for inspection before covering up the area where the repairs were made. Your request for a leak adjustment will be "DENIED" if you fail to contact the District for an inspection.
5. Customer attests that the repairs have been completed and the affected line is leak free and must provide written documentation of the repair to the District office.

Only one adjustment per customer account per 12-month period will be given unless an appeal is made to the Board of Directors of the North Garland County Regional Water District. All adjustments are at the discretion of the Board of Directors.

Revised and Adopted this 11th day of August, 2020 by the Board of Directors.


Jack Fields - President




Wayne Copeland - Secretary-Treasurer

SEAL

NORTH GARLAND COUNTY REGIONAL WATER DISTRICT

"A COMMUNITY SERVICE ORGANIZATION"

P.O. Box 8700

Hot Springs, AR 71910

PHONE (501) 620-4118 FAX (501) 318-0304

TTY: 7-1-1

APPLICATION FOR LEAK ADJUSTMENT

Please print clearly

Application with missing or incomplete information will be rejected.

Applicant Information

ACCT # _____ - _____ - _____

Applicant Name

Property Management Company (if applicable)

Service Address

City/State/Zip

Mailing Address (If different from above)

City/State/Zip

Day Time Phone Number

Alternate Phone Number

I am the: ☐ Property Owner ☐ Tenant ☐ Property Manager ☐ Other _____

Approximate date leak began: _____ Date Leak Repaired: _____

Description of leak and repair (*Please attach plumbing receipts*):

Application Agreement

I do hereby attest the information above is true and correct, I further attest I have verified the water lines at this property are leak free. I understand that this property will not be eligible for any future leak adjustments for the next 12 months if this request is approved.

Applicant Signature

Date

Forms can be submitted by:

Fax: 501-318-0304

U.S. Mail: P.O. Box 8700, Hot Springs, AR 71910

Email: amanda.ngcwater@gmail.com