



G.C.S.D Services – 209/ 962-7161
Fax – 209/ 962-4943
Fire Department – 209/ 962-7891
www.gcsd.org

water . fire protection . parks . wastewater collection & treatment

18966 Ferretti Road P.O. Box 350 Groveland, CA 95321-0350

APPLICATION FOR SPECIAL FLAT RATE –SEWER USE

Sewer Ordinance 1-10 Article VII. Service Charges

Section 7.01 (e) Special Flat Rate for Significant Landscape Irrigation

In order to qualify for the special flat rate determined under the provisions of this paragraph, Users shall provide proof suitable to the District’s General Manager of said irrigation, in which the General Manager shall determine, is significant relative to the User’s total water usage.

Name: _____ Phone Number: _____

Service Address _____ Unit/Lot: _____

Mailing Address: (if different): _____

State: _____ Zip: _____

To be completed by Customer

Full Time Resident Weekend/Part Time

Type of Irrigation System: Drip Sprinklers Combined

Timer System: Yes No Number of Sprinklers: _____

*GCSD will perform an onsite inspection to determine eligibility for enrollment in the program.

Signature: _____

Date: _____

By signing this application you are validating that the above is a truthful representation of winter water use. If for any reason the enclosed information is invalid, sewer charges will revert to standard billing charges of \$.00955 per gallon.

***Sewer customers must re-apply annually to be considered for the significant irrigation flat rate.**

Section to be completed by GCSD Staff

Current year Winter Volume Use:

January: _____ gal

February: _____ gal

March: _____ gal

Previous year Summer Volume Use:

June: _____ gal

July: _____ gal

Aug: _____ gal

Average Winter Monthly Use: _____ gal
(To be used for sewer flat rate)

GSCD Field Inspector: _____ Date of Inspection: _____

Field Notes (Required): _____

Approved: _____ Denied: _____

Manager Approval: _____ Date: _____

Letter of Approval/Denial Mailed: _____