

FOR WATER EMERGENCIES
CALL OUR ANSWERING SERVICE
AT 944-2819

SALEM WATER DEPARTMENT

5-A Park Avenue
Salem, South Carolina 29676
Phone: (864) 944-2819
FAX: (864) 944-7795
E-mail: mjennings@salem-sc.us

Dear Customer:

The Salem Water Department welcomes you as a customer. Below are some of the most asked questions regarding the Water Department.

WHAT TYPE PIPE AND WHAT SIZE SHOULD I RUN FROM THE METER TO THE HOUSE?

It is recommended by the Department to run not less than Schedule 40 PVC. It is recommended each household install a pressure reducer valve at the meter.

WHERE CAN I PAY MY WATER BILL?

Payment can be mailed, or made at the Salem Town Hall, 5-A Park Avenue. Refer to office hours on the water bill. You should receive your bill on or about the 1st of each month. If you do not receive your bill by the sixth (6th) of the month, notify the Department's office. Failure to receive a bill does not entitle customer to pay without penalty. The Department is not responsible for mail delivery.

The cashier's stub must always accompany your payment.

SALEM WATER DEPARTMENT POLICY CONCERNING PAYMENT OF WATER CHARGES IS STRICTLY ENFORCED.

- A. Payments are due by the 20th of each month.
- B. If bill is not paid by the 20th of the month, service will be disconnected to User's property.
- C. If bill is not paid by the cut-off date posted on the bill, service will be cut-off to User's property.
- D. Non-payment for sixty (60) days after the original billing date will allow the Department to remove the meter. The user will allow the Department to terminate his service, and in such event, the user shall not be entitled to receive, nor the Department to supply any water under Agreement. If reinstatement is required after this date, a fee will be charged at the discretion of the governing body.

**ALL EMPLOYEES OF THE SALEM WATER DEPARTMENT ARE HAPPY TO SERVE YOU.
IF YOU HAVE A QUESTION OR PROBLEM, DO NOT HESITATE TO CONTACT THE
OFFICE.**

WATER DEPARTMENT STAFF

SALEM WATER DEPARTMENT
APPLICATION FOR WATER SERVICE
5-A Park Avenue, Salem, SC 29676

Phone: (864) 944-2819
FAX: (864) 944-7795

Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location of premises to be served: _____ Lot #: _____
Physical Address

Date applicant will be ready for service: _____ Business Phone #: _____

Social Security #: _____ Other Phone #: _____

Have premises been previously supplied by the Water Department? _____

Have YOU ever been served by the Salem Water Department? _____

Name of former occupant (if known): _____

As the applicant are you? a. Owner: _____

b. Tenant of premises and owner is: _____

c. Agent of premises and owner is: _____

Type of dwelling: Permanent Home Mobile Home Business Property Other

If Mobile Home, Do you Own the Property? Yes No

If the Department feels that a back-flow preventer is needed on the customer's service line, the back-flow preventer device must be approved in writing by the Department prior to being installed. The owners of the premises shall absorb the total cost of the device, its installation and annual testing.

SECURITY DEPOSIT: A customer must deposit a security deposit according to an established schedule.

AVAILABILITY FEE: A property owner must pay an availability fee as per schedule for any and all inactive water taps.

It is the customer's responsibility to notify the SALEM WATER DEPARTMENT when moving. All bills are due and payable on or about the 20th of each month. A \$5.00 late charge will be added to payments made after the due date. Service will be discontinued if payment is not made by the cut off date posted on the bill and an established reconnect fee will be charged.

I have read the above and understand my obligations as a customer of the SALEM WATER DEPARTMENT.

DATE: _____ SIGNATURE: _____

It is the Water Department's policy to make every effort possible to install the service by the date requested by the customer, but due to other priorities involving the operations and maintenance of the system, the Department cannot make any guarantee that a customer's service will be made ready for use on any certain date.

(OFFICE USE ONLY)

PAYMENT: _____ ACCOUNT: _____ INITIALS: _____

**SALEM WATER DEPARTMENT
WATER USER'S AGREEMENT**

5-A Park Ave • Salem, South Carolina 29676

Phone: (864) 944-2819

Fax: (864) 944-7795

This AGREEMENT entered into between the SALEM WATER DEPARTMENT, hereinafter called the "Department" and _____, user(s) hereinafter called "User."
(your name)

WITNESSED: WHEREAS, the User desires to purchase water from the Department and enter into a "Water User's Agreement" as required by the Department.

The Department shall furnish, subject to the limitations set out in the Department policies or as hereafter amended, such quality of water as Users may desire in connection with User's occupancy, located at

(property physical address)

The User grants to the Department and its successors and assigns, a perpetual easement in, over, under, and upon the above described land, with the right to erect, construct, install, lay and thereafter use; operate; inspect; repair; maintain; replace and remove water pipelines and appurtenant facilities, together with the right to utilize adjoining lands belonging to the User for the purpose of ingress and egress from the above-described lands.

The User shall install and maintain at his own expense a service line to the dwelling or other premises from the meter in sufficient capacity to permit delivery of water in sufficient quantity for his uses.

Department responsibility for maintenance and leaks includes line installed to meter, and meter. **User is responsible for leaks and maintenance beyond meter and service line.**

The User agrees to pay a security deposit. In the event service to the User is terminated, either voluntarily by the User or the Department for cause, the deposit shall be applied to any unpaid balance then owed on the User's account. Should the account be fully paid at the time of termination of service, the deposit shall be refunded within a reasonable time thereafter.

The User agrees to pay for such water at such rates, time and place as shall be determined by the governing body of the Department.

The User shall not connect any additional dwelling or residence to be served through his meter.

The User agrees that he will make no physical connection between private water system and the water system of the Department. The Department may at any reasonable time make inspections to enforce any violations.

The Department shall purchase and install a cut-off valve and meter at each service. The Department shall have exclusive rights to use such cut-off valve and meter.

The Department shall have jurisdiction, in any question of location, of any service line connection to its distribution system; shall determine the allocation of water to users in the event of a water shortage; may shut off the water to a user who allows a connection of extension to be made to his service line for the purpose of supplying water to another user.

The User shall connect his service line to the distribution system and use water from the system on the date water is made available to the User. Water charges to the User shall commence on the date water service begins, regardless of when the User connects to the system.

The failure of a User to pay water charges duly imposed shall result in the automatic imposition of the following penalties:

- A. Bills are due by due date on bill (approximately 20 days).
- B. \$5.00 late charge will be added to payments made after due date.
- C. If bill is not paid by the last business day of the month, service will be cut-off to User's property.
- D. Non-payment for sixty (60) days after the original billing date will allow the Department to remove the meter. The User will allow the Department to terminate his service, and, in such event, the User shall not be entitled to receive nor the Department to supply, any water under Agreement. If reinstatement is required after this date, a fee will be charged at the discretion of the governing body.

It is understood that if service cannot be provided, the balance of the tap fee paid will be refunded.

IN WITNESS WHEREOF, we have hereunto executed this Agreement.

Date

Your Signature

Date

Water Department Employee

WATER DEPARTMENT ACCOUNT NUMBER _____

Town of Salem

5-A Park Avenue
Salem, SC 29676
Phone: (864) 944-2819
Fax: (864) 944-7795
Email: mjennings@salem-sc.us

Dear New Customer:

This letter is intended to provide information concerning your new water service and the Town of Salem/SCDHEC Cross-Connection Program. Under Town of Salem Regulations any of the following items that utilize Salem Water will require an approved Back-flow Prevention Device: any irrigation system, any farmyard activities, or utilizing a private well that is tied to service lines also hooked up to Salem Water. If any of these items exist or will be installed, please indicate on the survey below. If this water tap is for commercial use the need for a Back-flow Prevention device will be decided by the Cross-Connection Control Coordinator.

CROSS CONNECTION CONTROL SURVEY

Date: _____

Address to be served: _____

Customer/owner: _____

Do you have or plan to have: Irrigation System using Salem Water: _____

Farm/Barnyard activities: _____

Private well connected to Salem Water: _____

Does address currently have a Back-flow Prevention Device in Place: _____

*Description of planned water uses at this address: _____

*=Domestic use or commercial, if commercial please give detailed water description of usage.

If questionnaire is intentionally answered to misinform Water Department personnel of possible need for Back-flow Prevention, you could be subject to immediate loss of service.

Signature