

**LEAVENWORTH COUNTY RURAL WATER DISTRICT 10  
APPLICATION FOR WATER SERVICE AND WATER USERS' AGREEMENT**

The undersigned, \_\_\_\_\_ being the owner or intended owner of land described below located within the above Rural Water District, hereby makes application to said District for water service, and agrees to the following conditions:

If water service is approved, applicant agrees to the following:

- 1) Purchase or cause to be purchased one benefit unit at the unit price of \$6,000.00.
- 2) Pay for all cost to extend pipeline from the district's existing facilities to the location of service.
- 3) Failure to pay balance due for the benefit unit within 30 days from date of approval shall constitute a cancellation of this approval for water service.
- 4) Pay the minimum monthly charge from time service is made available by the district, and pay for additional water used at the rate set out in the rate schedule adopted by the Board of Directors. Any changes made in the minimum monthly water charge and rate schedule by the Board of Directors of the district shall become a part of this agreement as though fully set out herein.
- 5) The undersigned agrees to not make any physical connection or arrangement in their piping system whereby there may be a flow of any unknown or harmful substance into the district's water supply system. The undersigned agrees to not make any physical connection between any private water system and the water system of the district. Representatives of the district may at any reasonable time come on the premises where the water is being used for the purpose of making inspection to enforce this provision and other purposes necessary to perform the duties of the district. Violation of this provision shall be grounds for disconnection of service.
- 6) The laws of the state of Kansas, the By-Laws of the district, and the Rules and Regulations of the district, as presently existing and as may be amended from time to time, are made a part of this agreement as though fully set out herein.
- 7) The tract to which the benefit unit is to be assigned is specifically described as follows:

|                |
|----------------|
| Quarter: ____  |
| Section: ____  |
| Township: ____ |
| Range: ____    |

Applicant Name: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Bill To Name (if other than applicant): \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

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

*District use below line*

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_, District Manager Steve Conley, 785-423-0987