

# RAINIER VIEW WATER COMPANY

P O Box 44427  
Tacoma WA 98448  
253 537-6634  
Fax : 253 537-7896

## APPLICATION FOR IRRIGATION SERVICE

1. Name of Applicant: \_\_\_\_\_
2. Billing Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. UBI Number: \_\_\_\_\_ OR Contractor License Number: \_\_\_\_\_

Service Address or Intersection: \_\_\_\_\_

Tract #: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ Requested ERU's: \_\_\_\_\_

Plat Name: \_\_\_\_\_ Lot/Tract #: \_\_\_\_\_ Phase: \_\_\_\_\_

HOA Contact Name: \_\_\_\_\_ HOA Contact Phone #: \_\_\_\_\_

### Non-Residential Metered Rate Service – Effective January 1, 2012

Applicable to water service for commercial, irrigation and governmental customers, where a meter is installed

Rate Code	Meter Size	Base Rate	1 <sup>st</sup> Block (Cu. ft.)	1 <sup>st</sup> Usage Rate <sup>1</sup>	2 <sup>nd</sup> Block (Cu. ft.)	2 <sup>nd</sup> Usage Rate <sup>1</sup>	3 <sup>rd</sup> Block (Cu. ft.)	3 <sup>rd</sup> Usage Rate <sup>1</sup>
1205	¾-inch <sup>2</sup>	\$13.90	0-600	\$0.95	601-3,000	\$1.25	Over 3,000	\$1.50
1210	1-inch	\$17.75	0-1,500	\$0.95	1,501-7,500	\$1.25	Over 7,500	\$1.50
1215	1-1/2-inch	\$38.00	0-3,000	\$0.95	3,001-15,000	\$1.25	Over 15,000	\$1.50
1220	2-inch	\$48.00	0-4,800	\$0.95	4,801-24,000	\$1.25	Over 24,000	\$1.50
1230	3-inch	\$66.00	0-9,000	\$0.95	9,001-45,000	\$1.25	Over 45,000	\$1.50
1240	4-inch	\$88.00	0-15,000	\$0.95	15,001-75,000	\$1.25	Over 75,000	\$1.50
1260	6-inch	\$130.00	0-30,000	\$0.95	30,001-150,000	\$1.25	Over 150,000	\$1.50

<sup>1</sup> - Based on per 100 cubic feet or fraction thereof.

<sup>2</sup> - Or smaller

**\*Each Customer must install a Rain Sensor as part of their service to avoid irrigation in the rain.**

**\*A Washington Department of Health Approved backflow assembly must be installed and tested before service is allowed.**

**If conditions are not met, service will be locked until such time as the service is brought into compliance. Note: Water must be on to perform Backflow Assembly test. A \$20 reconnect fee will be charged to reinstate service. Services not passing the Backflow Assembly Test will be relocked.**

**It is the customer's responsibility to notify Rainier View Water Co. of any changes to contact name, mailing address, or phone number.**

\_\_\_\_\_ Customer initials that conditions are understood and failure to comply may result in termination of service.

**ALL FIELDS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED**

\_\_\_\_\_  
Authorized Signature Date

FOR OFFICE USE ONLY: Account Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Route: \_\_\_\_\_ Date application returned: \_\_\_\_\_  
Sequence: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
Work Order #: \_\_\_\_\_ Irrigation Only Water Use Questionnaire [ ] Service Location verified [ ]