Jacumba Community Service District
1266 Railroad St/ P.O. Box 425
Jacumba, CA 91934
jacumbawater@att.net
Office 619-766-4359
Fax 619-766-9061

APPLICATION FOR BULK WATER SALES

(please type or print clearly)

COMPANY: _____

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL #: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

I agree to pay for water usage in accordance with the Jacumba Community Service District Administrative Code of Rules and Regulations on file at the District Office.

CONSTRUCTION RATE STRUCTURE AND BILLING

ADMIN/BASE RATE: $127.63 PER MONTH
PUMPING FEE: $255.26 PER MONTH
WATER USAGE: $18.48 PER 100 CUBIC FEET
(Pumping Fee and Base Rate are prorated by number of days used if not a full month.)

- Non-potable water can be purchased from JCSD at Highland Center Well and Park Wells 44681 OLD HWY Jacumba, Ca 91934 (HLC and Park Wells)
- A log is to be kept and completed daily at the time of each filling operation. Log is to be turned into JCSD by the 30th of each month. Billing is completed monthly.
- District will monitor and check meter at the well house each pumping day and keep records of water usage.
- Water Trucks/ Tanks will be filled from 7:00 AM- 4:00 PM
- Water Trucks driving through town must adhere to speed limit
- Contractor will let District know how many trucks and loads will be taken each day *200,000 Gallons pumped limit per day on Highland Well*
- Egress and Ingress to the Highland Wells shall be via Jacumba exit from Highway 8 only. All construction vehicles are prohibited from traveling through Jacumba via Old Highway 80 west or eastbound.
- A late fee of 10% will be charged to any account with an outstanding balance after 30 days of the billing date.
- A service charge of $25.00 will be added to any account with a return check for non-sufficient funds.
- No refund will be given for any reason.
- Invoices will be sent out on 1st of each month via email (if 1st falls on weekend next business day for invoice)

SIGNATURE:_____ PRINT NAME:_____

DATE: _____

Office Use Only

ACCT#: _____ SERVICE START DATE: _____