

Compton Water Assn.

P.O. Box 825

Compton, Ar. 72624

870-420-3930

✓ Connection Fee- \$1,000.00

✓ Deposit - \$200.00

These are to be paid with two separate checks.

✓ For new connections, an approved septic system plan or exemption must be obtained, by the landowner, from the Ar. Dept. of Health, contact Scott Moore 870-743-5831. Copies to be provided to Compton Water.

✓ Any easements or road crossing (bore) costs are the responsibility of the landowner.

✓ A copy of warranty deed is required.

A Water Membership Agreement is required.

Meter will be installed on landowner's property at the closest point to the main line.

COMPTON WATER ASSOCIATION
Water Users Transfer Agreement

Acct # _____
Meter # _____
Date _____
Reading _____

Water User Agreement previously with: (name, address, account number)

Is now transferred to:

Transfer reason:

Proposed use: (select one)

Household: _____

Livestock: _____

Business: _____

Number in household: _____

Approximate number of gallons expected to be used monthly: _____

Member Signature _____

Member address _____

Day phone, evening phone and cell phone _____

Drivers License or SS # _____

Date of Birth _____

COMPTON WATER ASSOCIATION, INC., a non profit corporation

By:

Authorized Agent of Compton Water

EASEMENT AND RIGHT OF WAY AGREEMENT

This is an Easement and Right of Way Agreement between _____ (First Party), of _____, relating to the easement property located at _____ and _____ (Second Party).

WHEREAS, the First Party is the registered owner of the property known as _____ and legally described in Exhibit A;

I the First Party, hereby grant to the Second Party, a 20' right of way utility easement, for Compton Water Association Inc., to install a rural public water line to access the property behind said property belonging to _____ (Second Party); and both parties wish to establish and maintain said easement.

In witness whereof, this Agreement has been executed by the parties hereto, as of the date written below.

FIRST PARTY DATE

SECOND PARTY DATE

NOTARY

On this _____ day of _____, 2016, before me, the undersigned Notary Public, personally appeared:

And proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Commission Expires

SEAL

COMPTON WATER ASSOCIATION

P. O. Box 825
Compton, AR 72624
870-420-3930
www.comptonwater@gmail.com

DEBIT AUTHORIZATION

I (we) authorize **COMPTON WATER ASSOCIATION, INC.** hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **WATER BILL**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law. *I (we) understand there is a monthly fee of \$1.00 per withdrawal and that withdrawal will occur between the 10th and 14th of each month.*

Financial Institution _____

Branch _____

Address _____

City _____ St _____ Zip _____

Bank Routing Number _____

Customer Bank Account Number _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION as reasonable opportunity to act on it.

Print Individual Name _____

Signature _____

Compton Water Acct/Seq Numbers _____

Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM