

HOUSTON WATER APPLICATION FOR CONTRACT TREATED WATER AND GROUNDWATER REDUCTION PLAN **AGREEMENT**

City of Houston water rates and application fees are set by ordinance and may be found in Chapter 47 of the Code of Ordinances. Contracts are on forms developed by the Legal Department and vary only slightly, depending upon the water supply source or other special circumstances that may exist.

The applicant understands that all ordinances of the City (current and as hereafter amended) which relate to water or sewer service or to plumbing matters, including those ordinances which impose criminal sanctions, apply to water and sewer service provided by the City to premises outside of the corporate limits. The applicant also understands that the City may suspend or disconnect such service in the event that the applicant or any other person at the premises to be served fails to comply with such ordinances, without regard to whether or not criminal sanctions are enforceable against any such person.

1. APPLICATION RI	EQUEST		
Applicant Name (legal n	name of entity or person to receive wate	er)	
Service Address (where	water will be used)		
City	State _	Zip _	
Application is for the f	following use of water: (check only or	ne)	
☐ Treated water for gov	ernment entity (city, utility district, w	ater authority)	
Which Harris-Gal	veston Subsidence District Regulato	ory Area is this service area in	?
□ 1 □ 2 □ 3			
☐ Treated water for indu	ustry	SIC code _	
Which Harris-Gal	veston Subsidence District Regulato	ory Area is this service area in	?
□ 1 □ 2 □ 3			
☐ Treated water for com	nmercial facility.	State type of business:	
Which Harris-Gal	veston Subsidence District Regulato	ory Area is this service area in	?
□ 1 □ 2 □ 3			
☐ Groundwater Reduction	on Plan Contract		
Which Harris-Gal	veston Subsidence District Regulato	ory Area is this service area in	?
□ 1 □ 2 □ 3			
Revised Jan. 2025	HoustonPublicWorks	org WF	RT No.

☐ No

☐ Yes



Water Supply Applicants Only: Requested Amount of Water

G M	GD PM GM and for the next 40
ears (if applica innually to mee	et your demand for
☐ Yes	□ No
☐ Yes	□ No
•	ies)
both. If unme	/ PREVENTOR is in etered, provide the
	ns ears (if applicae annually to mee and label as At Yes Yes N/A) utility companion as BACKFLOW to both. If unmeers

If the interconnect(s) is NOT for EMERGENCY BACKUP SERVICE, briefly describe the nature of the

For each interconnect, is there an EXECUTED AGREEMENT in place?

connection.

If YES, please provide a copy of each agreement as ATTACHMENT B-1.



3. CONTACT INFORMATION PRIMARY CONTACT PERSON (Person who can answer questions regarding this application) Name Title State Zip Address City Phone____ **Email** PERSON AUTHORIZED ON BEHALF OF APPLICANT TO SIGN THE CONTRACT Name Title City State Zip Address Email Phone **EMERGENCY CONTACT (Available by Phone 24/7)** Contact Name Title **Email** Phone ____ Contact Mailing Address **Address** City State Zip OTHER CONTACTS (If Applicable) Law Firm **Attorney Name** Address City State Zip ____ **Email** Phone

City

Engineer Name

Phone

Zip

State

Engineering Firm

Address

Email



Person that can be contacted for non-emergency operational issues

Operator Contact Name				
Operator Position Title				
Email		Phone		
Operator Contact Mailing Address	3			
Address	City	State	Zip	
Person who receives billing invoices				
Bookkeeper Contact Name				
Title				
Email		Phone		
Bookkeeper Mailing Address				
Address	City	State	Zip	

4. MAP (REQUIRED)

Mapping instructions. 11 X 17 pdf and an electronic shapefile or file geodatabase depicting the following:

- 1. **Service Area Boundaries** area to be served by the applicant as referenced by the street name and location of the applicant facilities.
 - If you provide service to an out of district customer or outside your service area boundary, include and label each on the map
 - Key map numbers should be included in the legend
 - Signed and sealed by a Texas Land Surveyor
- 2. **Point of Delivery** the actual point of connection between the Houston System and your system in Geographic Coordinates. (Water Supply Applicants only)
 - o Street, water line size, meter size, and geographic coordinates should all be labeled
 - o If you also have an emergency backup connection with the City of Houston or provide one to another entity, it should be included and labeled. Please also identify who has the connection
- 3. **Point of Measurement** the water meter location in Geographic Coordinates where the water is measured by the City of Houston, labeled. (Water Supply Applicants only)

All geographic coordinates are to be State Plane, Texas South Central Zone 5401, FIPS 4204, NAD83

Please note that this map must be approved by the City of Houston before the contract is approved and will be attached as Exhibit A to the contract. An example of a map meeting these requirements is available at https://www.publicworks.houstontx.gov/water-resources.

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5. Applicant Signature and Acknowledgement

I hereby certify that the information supplied above is true and correct to the best of my knowledge. I am aware that information supplied to the City of Houston will not be confidential and can be examined upon request by a member of the public pursuant to the Texas Open Records Act.					
Signature	Printed Name				

Date

6. Submittal Instructions

Title

Please submit a digital or electronically signed application and required documents to watercontracts@houstontx.gov. Please include "Application for Contract Water or GRP" in the subject line.

An application fee of \$331.09 for treated water contracts and groundwater reduction plan contracts will be assessed once the application has been received. You will receive instructions on how to pay the application fee electronically. Please be advised that your application will not be processed until the application fee has been received and the application has been determined to be administratively complete.