

# SEWER VOLUNTARY DISCONNECT AGREEMENT

ACCT# \_\_\_\_\_

OWNER NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

\_\_\_\_\_

- 1) I understand the requirements for a disconnect from county sewer are:
- a. The owner shall pay total bill in full
  - b. The owner shall pay \$250.00 disconnect fee.
  - c. If a sewer disconnect need to be installed the owner shall pay the actual cost for the county to install a sewer disconnect.
- Note: See attached disconnect estimate based on depth and the resolution

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sewer Department Personnel

\_\_\_\_\_  
Date

## SEWER TAP REQUEST FORM

CUSTOMER NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SUBDIVISION & LOT NUMBER \_\_\_\_\_

I UNDERSTAND THAT THE FEE FOR A SEWER TAP IS **\$2,000.00** AND IS DUE  
PRIOR TO HOOKUP.

I ALSO UNDERSTAND THAT THE COUNTY DOES NOT ALLOW HOOKUP,  
PRIOR TO FULL PAYMENT OF SEWER TAP FEE.

\_\_\_\_\_  
CUSTOMER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SEWER DEPARTMENT PERSONNEL

\_\_\_\_\_  
DATE

**SEWER WARRANTY FORM**

I, \_\_\_\_\_ (Name \_\_\_\_\_ of \_\_\_\_\_ Person  
Constructing On-Lot System), hereby guarantee and warrant to repair, remove or replace  
at no cost or undue hardship to the Gallia County Commissioners any part or all of the  
on-lot system installed upon the following described property (Property Description from  
Deed):

if such part or whole on-lot system should fail due to defects in workmanship, in the  
materials or due to failure to install the on-lot system in accordance with manufacturer,  
Gallia County Commissioners or Gallia County Health Department on-lot system  
construction specifications, whichever is more stringent. The guarantee and warranty  
shall run for a period of one (1) year from the date of connection to the Bidwell/Porter  
Sewer System.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**GALLIA COUNTY SEWER**  
**OWNER/ADDRESS CHANGE FORM**

ACCOUNT NUMBER \_\_\_\_\_

PREVIOUS OWNER NAME \_\_\_\_\_

PREVIOUS OWNER PROPERTY ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS OWNER MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

NEW OWNER NAME \_\_\_\_\_

NEW OWNER PROPERTY ADDRESS \_\_\_\_\_

NEW OWNER MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EFFECTIVE DATE OF CHANGE \_\_\_\_\_

DATE CHANGE REQUESTED \_\_\_\_\_

“In accordance with Federal and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.”

SIGNATURE \_\_\_\_\_

HOME PHONE/CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE FILL OUT FORM WITH SIGNATURE AND MAIL BACK TO OUR  
OFFICE IN ORDER FOR THE CHANGE TO TAKE EFFECT.**

Compliance with Federal Record-Keeping Requirements

The following information regarding race/national origin/gender is requested to assure the Federal Government, acting through Rural Development, that Gallia County is complying with Federal Laws prohibiting discrimination against applicants.

You are not required to provide this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, Gallia County is required to note your race/national origin/gender on the basis of visual observation or surname.

RACE

American Indian/Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

Female Head of Household \_\_\_\_\_  
Male Head of Household \_\_\_\_\_

ETHNICITY

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

Female Head of Household \_\_\_\_\_  
Male Head of Household \_\_\_\_\_