



City of Dripping Springs

Physical: 511 Mercer Street • Mailing: P.O. Box 384 • Dripping Springs, Texas 78620
512.858.4725 • FAX 512.858-5646 • www.cityofdrippingsprings.com

Reclaimed Water Use Agreement Form

Date: _____

The person signing below agrees to:

1. Receive reclaimed water from the City of Dripping Springs subject to the terms and conditions of the City's Utilities Ordinance, other applicable laws and contracts.
2. To use reclaimed water in compliance with the City of Dripping Springs 210 Reclaimed Water Authorization permit (Reuse Authorization R14488-001), the rules applicable to reclaimed water use at Chapter 210 of Title 30 of the Texas Administrative Code (including the rules applying to records as at 30 Texas. Admin. Code §210.36(a)), and the City's Reclaimed Water Operation and Maintenance Plan.
3. The City will bill the reclaimed water customer based on consumption at a rate of \$5.00 per 1,000 gals.
4. Pay all applicable fees.
5. Email completed form to waterservice@cityofdrippingsprings.com
6. Reclaimed water availability not guaranteed.

Company or Individual Name:
Billing Address:
City/State/Zip:
Phone Number:
Secondary Phone Number:
Email:
I understand and agree with the terms and conditions of the agreement:
Printed Name:
Signature of Applicant:

All checks must be made payable to: City of Dripping Springs

Mail Payments to: PO BOX 384, Dripping Springs, TX 78620

For City Use Only
Approved By: _____