ENLARGED HEPZIBAH PSD
POST OFFICE BOX 85, 18 SABLE CIRCLE
REYNOLDSVILLE, WV 26422
TELEPHONE - 304-623-2217
FAX – 304-626-3326
ENLARGEDHEPZIBAH@ENLARGEDHEPZIBAHPSD.COM

POOL FILLING ADJUSTMENT FORM

TO BE COMPLETED BY CUSTOMER

Name on Account: _____

Account Number: _____Daytime Phone No: _____

Mailing Address: _____

Service Address: _____

Date Pool Filled: _____ Pool Dimensions: _____

Manufacturers estimate of water volume: _____

_____ _____
Customer Signature Date

ATTACH CURRENT DATED PHOTO OF YOU FILLED POOL!!
Also attach photo that shows pool measurements if possible.
(You can e-mail photos of above & completed form to enlargedhepzibah@enlargedhepzibahpsd.com)

ALL THE ABOVE MUST BE COMPLETED AND RETURNED TO HEPZIBAH PSD WITH PROPER DOCUMENTATION OF FILLED POOL WITHIN ONE MONTH OF FILLING POOL. FAILURE TO COMPLY MAY DISQUALIFY THE CUSTOMER FROM ANY ADJUSTMENTS.

Hepzibah PSD will adjust sewer accounts once (1) per calendar year for filling pools, upon completion of this application. Adjustments will only be processed for filling pools between April 1 and August 31 each calendar year. Pools must hold a minimum of 3,000 gallons to qualify for a sewer adjustment. If it is determined that you qualify for this adjustment, it will be calculated on no more than the maximum gallons the pool will hold above your historical average. There is no adjustment on water for filling the pool.

YEARLY RENEWAL OF THIS FORM IS REQUIRED

DATE ADJUSTED: _____