



## **POOL FILL ADJUSTMENT POLICY**

IT IS THE POLICY OF THE TOWN OF ELEANOR TO ADJUST SEWER BILLS ONE TIME EACH CALENDAR YEAR WHEN A CUSTOMER FILLS A SWIMMING POOL.

TO BE ELIGIBLE FOR THIS ADJUSTMENT, THE POOL MUST NOT DISCHARGE WATER BACK IN TO THE SANITARY SEWER SYSTEM.

THIS ADJUSTMENT WILL NOT BE DONE AUTOMATICALLY.

CUSTOMERS MUST CONTACT THE TOWN OF ELEANOR TO REQUEST A "POOL FILL ADJUSTMENT FORM" WITHIN 60 DAYS OF FILLING THEIR POOL.

THE ADJUSTMENT WILL BE BASED ON THE WATER USAGE DURING THE MONTH THE POOL WAS FILLED MINUS THE AVERAGE WATER USE DURING THE PREVIOUS SIX (6) MONTHS.

\*THE ADJUSTMENT WILL NOT EXCEED THE MAXIMUM GALLONS FOR THE POOL\*

THE FORM BELOW MUST BE COMPLETED IN ITS ENTIRETY AND APPROVED BY THE ELEANOR SEWER BOARD AT A REGULARLY SCHEDULED MEETING FOR THE CUSTOMER TO RECEIVE THE CREDIT.

THE CUSTOMER'S ACCOUNT MUST BE CURRENT TO RECEIVE THE ADJUSTMENT. CUSTOMERS MUST ALSO CONTINUE TO PAY THE FULL AMOUNT OF THEIR BILL UNTIL THE ADJUSTMENT IS APPROVED AND APPLIED TO THEIR ACCOUNT. ANY LATE OR PAST DUE AMOUNTS WILL BE PENALIZED ACCORDINGLY.

A VISIT TO THE PROPERTY MAY BE NECESSARY IN SOME CASES TO VERIFY THAT A POOL HAS BEEN FILLED AND THAT IT IS NOT PLUMBED TO DISCHARGE WATER BACK IN TO THE SANITARY SEWER. THE CUSTOMER WILL BE CONTACTED PRIOR TO ANY VISIT BEING MADE BY A TOWN EMPLOYEE TO THE PROPERTY.

ANY DISPUTES RELATED TO THE REJECTION OF A CUSTOMER'S REQUEST MUST BE BROUGHT BEFORE THE SEWER BOARD. THE SEWER BOARD MEET EACH MONTH AT 7:00PM AT THE TOWN HALL. PLEASE CALL AHEAD TO BE PLACED ON THE AGENDA TO HAVE YOUR DISPUTE HEARD.

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Cam Clendenin, Mayor

Town of  
**ELEANOR**  
WEST VIRGINIA

**POOL FILL ADJUSTMENT APPLICATION FORM**

CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

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

HOME PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

DATE POOL WAS FILLED: \_\_\_\_\_

POOL DIMENSIONS: \_\_\_\_\_ MAXIMUM GALLONS: \_\_\_\_\_

CAN THE POOL DISCHARGE WATER IN TO THE SANITARY SEWER? YES NO

*I, THE UNDERSIGNED, SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I BELIEVE THAT I AM ENTITLED TO AN ADJUSTMENT AS DESCRIBED IN THE POLICY.*

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

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DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

WATER USAGE DURING THE MONTH OF FILLING THE POOL: \_\_\_\_\_

AVERAGE USAGE FOR THE SIX MONTHS PRIOR TO REQUEST: \_\_\_\_\_

ADJUSTMENT AMOUNT: \_\_\_\_\_

DATE OF BOARD MEETING: \_\_\_\_\_

DECISION OF BOARD MEMBERS: \_\_\_\_\_

DATE OF CUSTOMER NOTIFICATION: \_\_\_\_\_

IF APPROVED, MONTH OF SEWER BILL ADJUSTMENT: \_\_\_\_\_

ENTERED IN TO RECORD BY: \_\_\_\_\_ DATE: \_\_\_\_\_