

**BELL SANITARY DISTRICT #1  
PO BOX 146  
CORNUCOPIA, WISCONSIN 54827-0146**

**APPLICATION FOR SERVICE – NEW USER**

**FINANCING AGREEMENT  
PAYMENT OPTIONS**

**OPTIONS INCLUDE:**

- 1 PAYMENT IN FULL AT HOOK-UP DATE. CURRENT CHARGE \$5,500.00
- 2 PROMISSORY NOTE FROM CUSTOMER TO DISTRICT - TERMS NOT TO EXCEED 30 YEARS.

**COLLECTION INFORMATION**

- 1 INTEREST RATE ON THE NOTE IS THE GREATEST OF 8% OR THE PRIME RATE PLUS 2 PERCENT AT HOOK-UP DATE.
- 2 ANNUAL PAYMENT REQUIREMENTS WILL BE PLACED ON THE BAYFIELD COUNTY TAX ROLL AND PAID WITH THE PROPERTY TAXES TO OF TOWN OF BELL OR BAYFIELD COUNTY.
- 3 I UNDERSTAND THAT I HAVE THE OPTION OF PAYING THE BALANCE IN FULL AT ANY TIME, WITHOUT PENALTY, BY CONTACTING THE BUSINESS MANAGER.
- 4 THE BUSINESS MANAGER WILL PROVIDE A PAYMENT SCHEDULE BASED ON THE INTEREST RATE AND DURATION OF THE NOTE IF REQUESTED.

I AGREE TO THE FOLLOWING TERMS - AMOUNT FINANCED \_\_\_\_\_

ANNUAL INTEREST RATE \_\_\_\_\_ REPAYMENT PERIOD \_\_\_\_\_

In addition I agree to follow the specifications from new grinder pump installations per the specifications identified in separate correspondence.

NEW USER: NAME \_\_\_\_\_

BILLING  
ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DISTRICT BOARD APPROVAL:**

PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSIONER \_\_\_\_\_ DATE \_\_\_\_\_

BELL SANITARY DISTRICT #1  
PO BOX 146  
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APPLICATION FOR SERVICE – NEW USER  
OPERATOR'S – NEW USER HOOK-UP REPORT

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

PHYSICAL ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE # & EMAIL ADDRESS \_\_\_\_\_

Type of New User: (Circle One) Residential Commercial Other \_\_\_\_\_

HOOK-UP DATE: \_\_\_\_\_

PLUMBER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

Note: The project must be inspected prior to any back fill.

I have compiled with all Bell Sanitary District #1 requirements, the User Fee Ordinance and specifications. Specifications for New Grinder Pump Installations to the pressurized main collection system are listed on page 3 of 3 of this new user package. These requirements must be met before the installation can be approved.

LICENSE # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PLUMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I, Bell Sanitary District #1 Authorized Inspector \_\_\_\_\_, have inspected the hook-up of the new user identified above and find that it is in accordance with all the requirements, specifications, and the User Fee ordinances currently authorized by the Town of Bell Sanitary District #1 Board.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BELL SANITARY DISTRICT #1  
PO BOX 146  
CORNUCOPIA, WISCONSIN 54827-0146**

**APPLICATION FOR SERVICE – NEW USER**

**SPECIFICATIONS FOR NEW GRINDER PUMP INSTALLATIONS TO TOWN OF BELL SANITARY DISTRICT #1 WASTEWATER COLLECTION SYSTEM**

- 1 Curb Stop Detail
  - a. 1 ½ " Brass Curb Stop
  - b. Line & Fittings to be 1 ½" Schedule 80 PVC Pipe, with magnetic locator tape, to the Grinder Pump Location
  - c. Hookup of the Curb Stop to be 5' horizontal from the force main and located in a non traffic area
  - d. Force Main depth will vary – Please contact the Sanitary District for this information.
  
- 2 Grinder Pump and Lateral Exact location will be determined by all parties involved and must be approved by the Sanitary District, prior to performance. All structures and driveways must be a minimum of 5 feet from the curb stop and grinder pump package.
  
- 3 Recommended Grinder Pump Specifications:
  - a. 2 HP single Phase – 60 HZ - 230 Volts with 1 ¼" Discharge.
  - b. It is recommended to purchase and use the same grinder pumps that are in service within the district. The district only services pumps that we inventory parts for.
  
- 4 All Components of the Grinder Pump Rail System must be Stainless Steel.
  
- 5 All Valves and Fittings 1.25" to 2" to be Stainless Steel or Brass.
  
- 6 Required Grinder Pump Basin Specifications for submersed Installation
  - a. Assume Ground Water at Surface
  - b. 3" Crushed Gravel Base
  - c. 10" Poured Concrete all around the Floatation Collar at a Minimum of 6" Depth.
  
- 7 Basin Effluent Inlet and Outlet
  - a. Depth of Inlet about 4' from Ground Surface
  - b. Depth of Discharge about 3' from the bottom of the Grinder Pump Package
  
- 8 Bell Sanitary District #1 must be notified to conduct an open trench inspection upon completion and prior to back fill.

\_\_\_\_\_  
Property Owner (New User) Signature

\_\_\_\_\_  
Date