



# Scott Point Waterworks District

## LEAK AND LEAK ALLOWANCE REPORT

Date of Leak: \_\_\_\_\_ Account: \_\_\_\_\_  
 Address: \_\_\_\_\_ Owner(s): \_\_\_\_\_

Billing Period: From \_\_\_\_\_ To \_\_\_\_\_

<b>Consumption</b>		<b>Charge</b>	
Base:	_____ gals	@ \$137	\$ 115.00
Excess 1:	_____ gals	@ \$0.065/gal	\$ _____
Excess 2:	_____ gals	@ \$1/gal	\$ _____
<b>Total:</b>	_____ <b>gals</b>	<b>Total:</b>	\$ _____

Description of Leak: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Fix: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Permanent Fix: \_\_\_\_\_ Name of Contractor \_\_\_\_\_

### TO BE COMPLETED BY SCOTT POINT WATERWORKS DISTRICT

Eligibility for Leak Allowance	Yes	No	
If YES, Leak Allowance Applied:	Charge for Period in which Leak Occurred: (see total charge above)		\$ _____
	Less 3x Highest Bi-Monthly Consumption Charge in Preceding 12 Month Period:	-	\$ _____
	<b>Leak Allowance:</b>	=	\$ _____

Trustee Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Trustee

Copies of report given to: NSSWD \_\_\_\_\_ Trustee/ Financial Officer \_\_\_\_\_