

TWIN LAKES REGIONAL SEWER DISTRICT

"Protecting the Environment Today for Tomorrow's Generations"

Policy # 2004-05

DESIGNATION OF DETACHED STRUCTURE/GARAGE FOR HOUSE COUNT AND BILLING PURPOSES

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The following Policy has been adopted by the Board of Trustees on October 15, 2004, and incorporated into the District's Standard Operating Procedures.

DESIGNATIONS

Clarification of the EDU designation for a detached structure/garage with a stool and sink, on the same property as the main residence, of a **residential** customer of the Twin Lakes Regional Sewer District is as follows:

- Detached structures used for storage and/or garage with stool and sink, but with no sleeping accommodations or cooking facilities: no additional EDU charge.
- Detached structures with shower, stool and sink: no additional EDU charge.
- Detached structures with sleeping accommodations, stool and sink but with no cooking facilities: .25 EDU
- Detached structures with stool, sink, cooking facilities and no sleeping accommodations: .25 EDU
- Detached structures with stool, sink, sleeping, and cooking facilities: 1.0 EDU.

If the property owner subsequently installs/reinstalls kitchen/cooking facilities, or adds sleeping accommodations, or changes the use of the structure, the owner or any successor in title, will be required to contact the Twin Lakes Regional Sewer District, purchase a permit and cause inspection of the real estate and adjustment of the billing to the appropriate EDU rate. Failure or refusal to so notify the District office may result in the imposition of fines and other penalties, pursuant to the Sewer Use Ordinance and/or Sewer Rate Ordinance.

VERIFICATION PROCESS

When a customer of the Twin Lakes Regional Sewer District requests a billing adjustment and claims that a detached structure qualifies for a different EDU designation, the following Standard Operating Procedure will be followed:

1. The Property Owner requests a change in detached structure/garage designation for the appropriate billing adjustment.
 - a. The Property Owner schedules an appointment with the Administrative Assistant to review the policy and discuss the procedure regarding the "OWNER CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION" as well as the INSPECTOR CERTIFICATION OF NO SEWAGE PRODUCING CAPABILITY."

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- b. The legal owner of the property will submit a fifty dollar (\$50.00) inspection fee, per inspection. This inspection fee is due upon submission of the "OWNER CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION" form.
 - c. The Property Owner completes the form during the scheduled appointment or returns it to the District after the scheduled appointment. The form is deemed filed when one of the following conditions are met:
 1. After the appointment, if hand delivered to the District office, the form is deemed filed on the date the form is actually delivered to the District office, provided that the form is properly completed and submitted along with the inspection fee;
 2. After the appointment, if the form is mailed, sent by courier, or otherwise delivered to the District office, the form is deemed filed on the date of actual receipt at the District office, provided that the form is properly completed and submitted along with the inspection fee;
 3. The date of filing as described above controls over any date shown on the form by the Property Owner. The District office shall stamp or otherwise place the filing date on the form in accordance with the above rules.
 - d. Upon receipt of the properly completed form "OWNER CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION" submitted along with the inspection fee, the District will inspect said property and complete the form, "STATEMENT OF INSPECTOR REGARDING CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION" in a timely manner.
2. If the District's inspection of the subject structure confirms the requested designation, the effective date of such condition shall be the date on which the properly completed and signed OWNER CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION is filed with the District office as described hereinabove regardless of the date of inspection.
 3. If the STATEMENT OF INSPECTOR REGARDING DETACHED STRUCTURE/GARAGE DESIGNATION confirms the designation exist in the subject structure, the billing will be adjusted to the appropriate EDU rate the month following the date of filing of OWNER CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION, provided all other conditions for that rate are met.
 4. If the STATEMENT OF INSPECTOR REGARDING DETACHED STRUCTURE/GARAGE DESIGNATION does not confirm designation, no billing adjustment will be made. Any further request for such an adjustment will require a new application, properly completed, signed, and filed with the District office and accompanied by payment of another inspection fee.

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OWNER'S CERTIFICATION OF DETACHED STRUCTURE/GARAGE DESIGNATION

I, _____, hereby certify that:

1. I am the owner (or one of the owners) of the real estate located at:

Street Address City, State Zip Code OFFICE USE ONLY: PH _____ AREA _____ GU _____

2. I am informed and believe that the above referenced real estate property is located within the boundaries of the Twin Lakes Regional Sewer District.

3. On the above-referenced real estate there is located a detached structure/garage. However the detached structure/garage

- Is a structure(s) used for storage and/or garage, with stool and sink, but with no sleeping accommodations or cooking facilities, or
- Is a structure(s) with shower, stool and sink; no additional EDU charge.
- Is a structure(s) with sleeping accommodations, stool and sink, but no cooking facilities: .25 EDU
- Is a structure(s) with stool, sink, cooking facilities and no sleeping accommodations: .25 EDU.
- Is a structure(s) with stool, sink, sleeping, and cooking facilities: 1.0 EDU

4. As a result of the fact that my real estate meets one of the above mentioned criteria, I am requesting that the Twin Lakes Regional Sewer District adjust the billing to the appropriate EDU rate the following month.

5. I have been informed that if I, or any successor in title, subsequently install/reinstall kitchen/cooking facilities, or add sleeping accommodations, or change the use of the structure that I, or any successor in title, will be required to contact the Twin Lakes Regional Sewer District, purchase a permit and cause inspection of the real estate and adjustment of the billing to the appropriate EDU rate. Failure or refusal to so notify the District office may result in the imposition of fines and other penalties, pursuant to the Sewer Use Ordinance and/or Sewer Rate Ordinance.

6. I consent to a representative of the Twin Lakes Regional Sewer District inspecting the above-referenced real estate to confirm the statements made herein. Such inspection shall be conducted, if at all possible, at a mutually convenient time.

Electric power company for this location: _____

Print Name _____ Date _____
Signature _____ Phone _____

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STATEMENT OF INSPECTOR REGARDING DETACHED STRUCTURE/GARAGE DESIGNATION

I, state that I have examined that real estate

owned by: _____ and

located at: _____ and

have confirmed that the detached structure/garage and does meet one of the following conditions:

- Is a structure(s) used for storage and/or garage, with stool and sink, but with no sleeping accommodations or cooking facilities: no additional EDU charge.
- Is a structure(s) with shower, stool and sink: no additional EDU charge.
- Is a structure(s) with sleeping accommodations and no cooking facilities: .25 EDU
- Is a structure(s) with stool, sink, cooking facilities and no sleeping accommodations: .25 EDU
- Is a structure(s) with stool, sink, sleeping, and cooking facilities: 1.0 EDU

Dated this _____ day of _____, 20_____.

Signature of Inspector

Office Use Only	
Parcel Number: _____	
Date submitted & paid: _____	Project _____ Area _____ GU _____
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card Receipt No. _____ <input type="checkbox"/> Cash Receipt _____
<input type="checkbox"/> Work order processed	Date _____
ENTERED _____	CUSTOMER DATABASE _____
Date _____	Initials _____
ENTERED _____	KEYSTONE BILLING _____ ACCT# _____
Date _____	Initials _____

CC: GU FILE

OWNER- DATE COPIES MAILED _____ INITIALS _____

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