



OHIO COUNTY WATER DISTRICT

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124 East Washington Street
P.O. Box 207
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Phone: 270-298-7704
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www.ocwdky.org

LEAK ADJUSTMENT REQUEST FORM:

Account No. _____

Service Address _____ **Daytime Phone No.** _____

Pursuant to the Ohio County Water District's (OCWD) tariff, a customer may make a request for a bill adjustment in the event of a hidden underground leak with the following conditions:

1. A hidden underground leak is defined as a leak in the customer service line between the meter and the premises.
2. Upon completion of this *Leak Adjustment Request Form*, leak adjustments will be granted to residential and commercial customers only.
3. The customer must provide a plumber's statement or list of materials showing that the leak has been repaired.
4. After verification of repairs by the OCWD, the bill will be adjusted by comparing the usage during the leak billing period to the average usage for the past six (6) billing periods.
5. The average usage will be deducted from the total amount of water that passed through the meter and billed at the regular rate. The remaining usage will be billed per the thousand-gallon leak adjustment rate set forth in the OCWD's approved tariff. *Effective 12/3/2021 **Leak Adjustment Rate = \$3.29/1,000 gallons***
6. Only **one (1)** leak adjustment will be made per calendar year (12 months), and each adjustment may cover a maximum of **two (2)** billing periods.
7. Request must be for the most current billing period when the leak was discovered.



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I, _____, am the Responsible Party for the account at the above service address.

I am asking the Ohio County Water District to reduce the water bill for this account, to the extent by the approved tariff because of a leak beginning on (date) _____ and repaired on (date) _____. The water lost from this leak was not used by anyone.

Type of leak on customer's side of meter: _____

Description of repair: _____

Attach documentation of the repair date, address, type of repair and cost. Acceptable documents include plumber's statement/bill or receipt for parts.

In all cases the OCWD retains the right to make field verifications before approving leak adjustments. You will be notified within 30 days whether your request is approved or denied.

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this record is subject to criminal prosecution. I certify that this application and attached document contain no false statements.

Print Name: _____ Date: _____

Signature of person requesting a leak adjustment: _____

Complete this form and return to the OCWD Office located at 124 East Washington Street, P.O. Box 207, Hartford, Kentucky 42347. Please call our Office at 270-298-7704 if you have any questions.