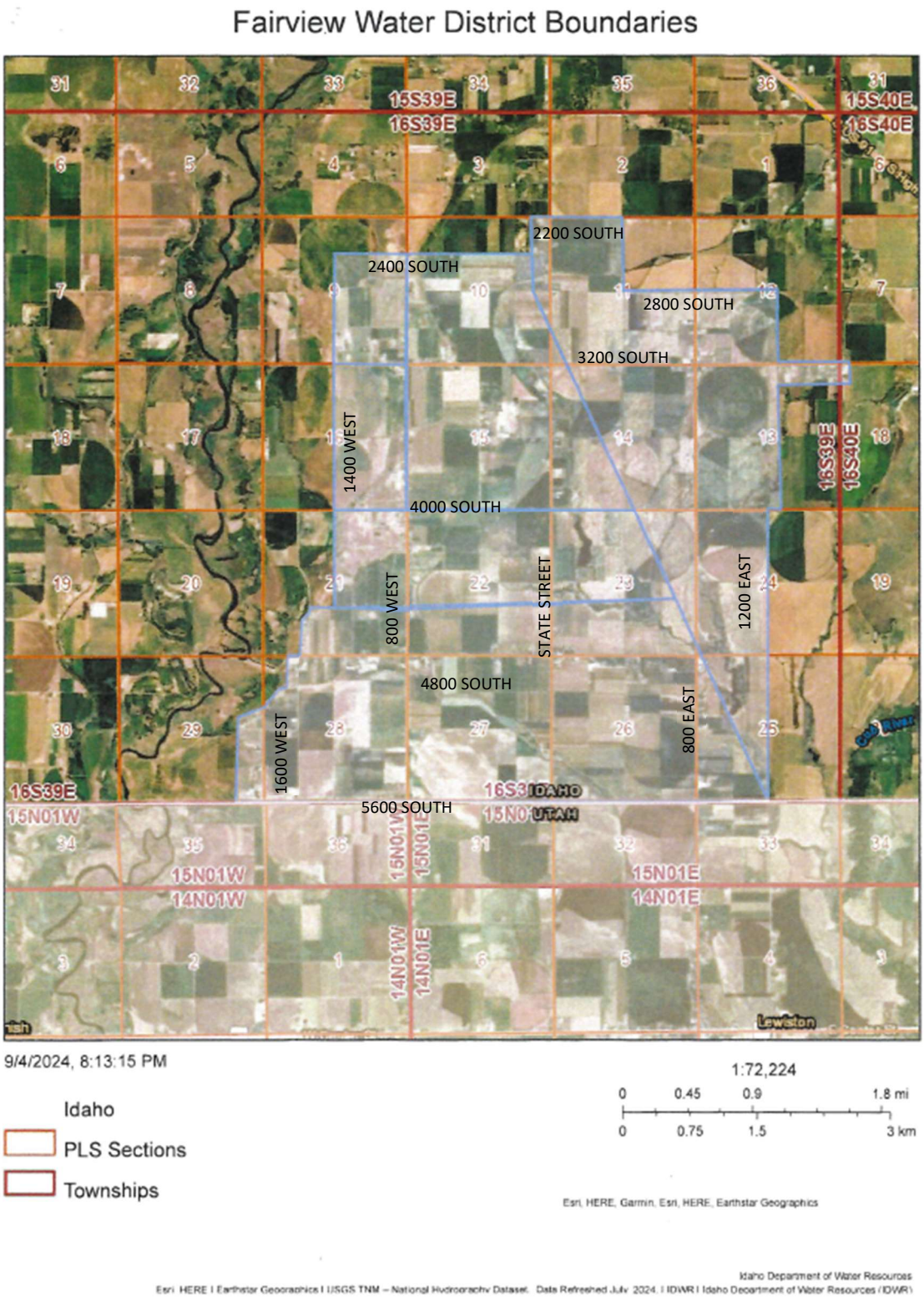
APPENDIX A - BASIC MAP OF DISTRICT SERVICE AREA



APPENDIX B - DISTRICT INFORMATION

The mailing address of District Office of the Fairview Water District is:

Fairview Water District
P.O. Box 646
Preston, Idaho 83263

The telephone number of the District Office of the Fairview Water District is:

435-770-6431

The District website is: fairviewwaterdistrict.com

The District email address is: secretary.fvwater@outlook.com

The current members of the District's Board of Directors are:

Kit Christensen (elected 2019)

Tyler Richardson (appointed 2026)

Mike Thomas (appointed 2024)

Tom Ransom (elected 2021)

Patrick J. Gilbert (elected 2023)

The current District Secretary is:

Britny Field

The District Secretary may be contacted at the address and telephone number identified above.

APPENDIX C - WATER RATES AND FEE SCHEDULE

Monthly Water Rates are Based on Meter Size and Meter Reading

METER SIZE 5/8" or 1"	
Basic Charge	**Usage Charge**
Year 2025 $51.98	**Tier 1** 12,000 gallons included in Basic Charge
Year 2026 $54.57	**Tier 2** 12,001 to 25,000 gallons rate $1.10 per 1,000 gallons
Year 2027 $56.76	**Tier 3** 25,001 to 100,000 gallons rate $1.50 per 1,000 gallons
	Tier 4 100,001+ gallons rate $2.00 per 1,000 gallons

METER SIZE 2"	
Basic Charge	**Usage Charge**
Year 2025 $273.00	**Tier 1** 50,000 gallons included in Basic Charge
Year 2026 $287.37	**Tier 2** 50,001 to 75,000 gallons rate $1.10 per 1,000 gallons
Year 2027 $297.55	**Tier 3** 75,001 to 100,000 gallons rate $1.50 per 1,000 gallons
	Tier 4 100,001+ gallons rate $2.00 per 1,000 gallons

Other Fees

Service Connection Application Fee (Section 5.5) = $200.00 (non-refundable)
Cost of Service Connection (Section 5.16) = $40,000 Total Fee - breakdown as follows:
$20,000 Service Connection Fee (for standard connection)
$20,000 Capitalization Fee

Service Alteration Application Fee (Section 6.5) = $200.00 (non-refundable)
Cost of Alteration (Section 6.13) = Quote Generated Upon Request

Service Line Installation Fee (Section 8.3) = Included in the Cost of Service Connection, however additional charges may apply for non-standard connections. A quote will be generated by the District.

Water Meter Installation Fee (Section 8.6) = Included in the Cost of Service Connection, however additional charges may apply for non-standard connections. A quote will be generated by the District.

Water Meter Testing Fee (Section 9.3) = $100.00

Violation Fine (Section 11.3) = $150.00 per day, per incident

Returned Item Fee (Section 12.9) = $30.00

Delinquent Bill Fee (Section 13.2) = $5.00
Final Notice Bill Fee (Section 13.3) = $10.00
Service Termination Fee (Section 13.4) = $100.00
Service Restoration Fee (Section 13.5) = $100.00

Fairview Water District
PO Box 646 • Preston, ID 83263
Phone: 435-770-6431
Email: secretary.fvwater@outlook.com

District Office Use Only
Account #_____
Payment Received: _____
Check # _____
Amount: _____

SERVICE CONNECTION APPLICATION

Name: _____
Mailing/Billing Address: _____
Exact Address of Service Connection: _____
Primary Phone: _____ ☐ Call ☐Text
Secondary Phone: _____ ☐ Call ☐ Text
Email Address: _____ ☐ Email Bill Notification

Note: It is the customer's responsibility to subscribe to text/email alerts at fairviewwaterdistrict.com. This is highly recommended to allow the district to quickly disseminate urgent information to customers.

☐ Attach non-refundable Service Connection Application Fee of $200.00
☐ Attach a copy of the property deed and land survey showing ownership of the property.

Type of Water Service (check one): ☐ Single Family Dwelling ☐ Other (describe) _____
Does the property have secondary water? ☐ No ☐ Yes

Note: Backflow prevention/physical disconnect must be verified by Operator.

Estimated date of first use: _____ Estimated amount of water use per month: _____
I understand that, upon approval of this application by the Fairview Water District, I will be obligated to pay the initial Water Service Connection Fee of **$20,000**, plus a Capitalization Fee of **$20,000,** which must be paid before water service begins. This application and any approval thereof will expire if payment of the Water Service Connection Fee is not made within six months from the date of approval. Additionally, if the service connection is not utilized within 6 months of the estimated date of first use, the connection will be forfeited and returned to the District. Any extension to this timeframe must be approved by the Fairview Water District. I further understand that I will be obligated to make monthly bill payments to the Fairview Water District, beginning the month after the water service is started and that water charges are subject to change. I further understand that failure to comply with the terms and conditions of the approval of this application will result in the termination of all rights hereunder. Information pertaining to design specifications is required before consideration of this application can be considered.

I agree that, upon approval of this application, I will fully comply with all Rules and Regulations of the Fairview Water District, as may from time to time be amended.

Date: _____

Applicant signature _____

==========District Office Use Only Below This Line==========

☐ Approved ☐ Disapproved Date: _____

Any Special Conditions of Approval or Reasons for Disapproval are attached to this Application.

_____
Fairview Water District, President

This application, when approved by the Board and signed by the District President, will serve as the Service Connection Permit.

Form Effective 08/26/2026

APPENDIX E – SERVICE ALTERATION APPLICATION

Fairview Water District

PO Box 646 • Preston, ID 83263
Phone: 435-770-6431
Email: secretary.fvwater@outlook.com

District Office Use Only
Account #_____
Payment Received: _____
Check # _____
Amount: _____

SERVICE ALTERATION APPLICATION

Name: _____
Mailing/Billing Address: _____
Exact Address of Service Connection: _____
Primary Phone: _____ ☐ Call ☐Text
Secondary Phone: _____ ☐ Call ☐ Text
Email Address: _____ ☐ Email Bill Notification

Note: It is the customer's responsibility to subscribe to text/email alerts at fairviewwaterdistrict.com. This is highly recommended to allow the district to quickly disseminate urgent information to customers.

☐ Attach non-refundable Service Connection Application Fee of $200.00
☐ Attach a copy of the property deed and land survey showing ownership of the property.
☐ Attach documentation detailing the proposed alteration, which should include a description and/or drawing of both the current and proposed location of service connection and water line).

Type of Water Service (check one): ☐ Single Family Dwelling ☐ Other (describe) _____
Does the property have secondary water? ☐ No ☐ Yes

Note: Backflow prevention/physical disconnect must be verified by Operator.

Estimated date of first use: _____ Estimated amount of water use per month: _____
I understand that, upon approval of this application by the Fairview Water District, I will be obligated to pay the Cost of Alteration, which must be paid before water service begins. This application and any approval thereof will expire if payment of said cost is not made within six months from the date of approval. Additionally, if the altered service connection is not utilized within 6 months of the estimated date of first use, the connection will be forfeited and returned to the District. Any extension to this timeframe must be approved by the Fairview Water District. I further understand that I will be obligated to make monthly bill payments to the Fairview Water District, beginning the month after the water service is started and that water charges are subject to change. I further understand that failure to comply with the terms and conditions of the approval of this application will result in the termination of all rights hereunder. Information pertaining to design specifications is required before consideration of this application can be considered.

I agree that, upon approval of this application, I will fully comply with all Rules and Regulations of the Fairview Water District, as may from time to time be amended.

Date: _____

Applicant signature _____

==========District Office Use Only Below This Line==========

☐ Approved ☐ Disapproved Date: _____

Any Special Conditions of Approval or Reasons for Disapproval are attached to this Application.

_____
Fairview Water District, President

This application, when approved by the Board and signed by the District President, will serve as the Service Alteration Permit.

Form Effective 12/26/2024

Fairview Water District
PO Box 646 • Preston, ID 83263
Phone: 435-770-6431
Email: secretary.fvwater@outlook.com

District Office Use Only
Account #_____
Date Received: _____
Effective Date: _____

WATER SERVICE AGREEMENT

Property Owner Name: _____

Service Connection Address: _____

Property Owner Primary Phone: _____ ☐ Call ☐ Text

Property Owner Secondary Phone: _____ ☐ Call ☐ Text

Property Owner Email Address: _____

☐ Attach a copy of the property deed and land survey showing ownership of the property.

Customer of Record (Billing Contact): _____

Customer Mailing/Billing Address: _____

Customer Primary Phone: _____ ☐ Call ☐ Text

Customer Secondary Phone: _____ ☐ Call ☐ Text

Customer Email Address: _____ ☐ Email Bill Notification

☐ There is not a secondary source of water on this property.

☐ There is a secondary source of water on this property, but I attest that it is in no way connected to and is totally separate from the culinary water line to avoid the possibility of cross contamination.

Note: It is the customer's responsibility to subscribe to text/email alerts at fairviewwaterdistrict.com. This is highly recommended to allow the district to quickly disseminate urgent information to customers.

Effective Date _____ (This is the closing date if property is purchased or move in date if customer is renting)

I have read, and I understand, the Rules and Regulations of the Fairview Water District. I agree to fully comply with those Rules and Regulations, as may from time to time be amended.

I understand and agree that, beginning with the billing cycle that coincides with the Effective Date, I will be obligated to make monthly payments to the Fairview Water District in accordance with the District's duly approved Water Rates and Fee Schedule, as may from time to time be amended.

Dated: _____

Customer of Record Signature: _____

Property Owners Signature: _____

Form Effective 05/01/2026