



TRUSTEES' POLICY DOCUMENT

SUBJECT: Water Service Downgrade Policy

POLICY #: WTR 04 Date Adopted: 2-23-2008

Confirmed by Trustees' Motion: 3-15-2008

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**Policy statement:**

**Background-** Sky Meadows is a developing community south of Cle Elum. At elevations significantly higher than the Yakima River valley, water system operations are challenging. During the first 30 years of development the community has consistently invested in both source and distribution facilities in order to meet the needs of members. At times, the rate of growth in community water use has exceeded the growth in capacity. This policy is intended to be utilized as a governing policy to assist the regulation of development with water system supply.

**Purpose-** This policy is intended to assist with the management of the Group A water system that is consistent with agreements forged between the Department of Health and Sky Meadows. It establishes the framework for managing water service status down grade from full time residence to part time residence. It provides the guidelines to allow the board of trustees to prudently and fairly assist members that wish to decrease water use for their property. The intent of the policy is also to insure that current system users are not charged additional fees when increasing back to full time status.

**Scope-** The policy applies to all connections to the group A water system as allowed within the Sky Meadows development and the supplemental service connections of Thornton Creek.

**Definitions-**

**Service Category -** The authorized level of service for any property. The service category establishes the average source capacity requirement to service properties of similar use.

**Residential Part Time -** The service category where lot development includes county approved residential type structure and septic system. The utilization is less than full-time occupation. Source capacity requirement for this service is 100 gallons per day average. Service designation is RPT.

**Residential Full Time -** The service category where lot development includes county approved residential type structure and septic system and occupation is greater than 180 days per year. Source capacity requirement for this service is 200 gallons per day average. Service designation is RFT.

**Procedures**

- 1) Data Maintenance
  - a) Sky Meadows will maintain records for supply metering, consumption metering and service category for the water system and its users. This data will be updated to electronic format at least annually and made available for review by the board of trustees and regulatory agencies. It is the responsibility of the water committee chairman to insure the data is updated and submitted.
  - b) Sky Meadows will advise property owners as to the service category on record for each connection. This information will be included in semi-annual billing statements. It is the responsibility of members to notify the board of trustees if there is a change between status as part-time and full-time resident.

2) Service Downgrade Requests and Approvals

a) Members are required to make a written request for service downgrade by completing the "Application for Water Service Downgrade" form. The form is to be turned in to the Water Committee Chairman.

1) The Water Committee Chairman will review the application and based on water usage data and occupancy verification will approve or deny the request and return a copy to the applicant.

3) Reversion to Fulltime Status

a) Members are required to make a written request for service upgrade reversion by completing the bottom section of the "Application for Water Service Downgrade" form. The form is to be turned in to the Water Committee Chairman.

4) Water Fees

a) There will be no fee affiliated with a reversion back to fulltime status if the proper process has been followed and documented.

5) Documentation Responsibility

a) It is the responsibility of the association member to follow this procedure and maintain the documentation in order to apply for a service downgrade and subsequent reversion without having to pay additional fees.

**APPLICATION FOR WATER SERVICE DOWNGRADE**  
*(Full time to Part time)*

NAME \_\_\_\_\_ REQUEST DATE \_\_\_\_\_

DIVISION & LOT \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CURRENT SERVICE (please check)  
Per Policy Definition

REQUESTED SERVICE (please check)  
Per Policy Definition

RESIDENTIAL FULL-TIME \_\_\_\_\_

RESIDENTIAL PART-TIME \_\_\_\_\_

I acknowledge that I have read and understand the Sky Meadows Water Service Policy. I further acknowledge that my property is listed as a full time residence however I am not living at Sky Meadows for more than 180 days. I would like to have my full time status changed to part time. I understand that at anytime if my status changes to full time I am to inform the Water Committee Chairman via this form. In the event that I become full time again I will not be charged the upgrade fee from Part time to Full time. *(Sign and submit to the Water Committee Chairman)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

EXPLANATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Water Committee Chairman Signature

\_\_\_\_\_  
Date

**REVERSION TO FULL TIME**

As of *(date)* \_\_\_\_\_ I am exercising my right to revert my residence at Sky Meadows to Full time (more than 180 days per year of occupancy). I acknowledge that there is no fee owed to the association as a result of this reversion to Full time status from Part time status. *(Sign and return to the Water Committee Chairman)*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Water Committee Chairman Signature

\_\_\_\_\_  
Date