

**TRAILS END WATER DISTRICT #2
MASON COUNTY, WASHINGTON**

RESOLUTION No. 2026-08

**A RESOLUTION OF THE BOARD OF
COMMISSIONERS ADOPTING A LEAK
ADJUSTMENT POLICY**

WHEREAS, Trails End Water District has considered the existing policy regarding leak adjustments, and

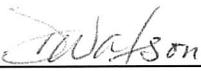
WHEREAS, the Board after consultation and input regarding process and procedure of other districts, thus finding it necessary to update the current policy to further clarify the process and set forth the new policy in this resolution,

NOW THEREFORE, BE IT RESOLVED THAT:

1. Application for Leak Adjustment: a Property Owner can receive a Leak Adjustment credit to their account for excess water usage charges resulting from one eligible water system leak on a property every three years.
 - a. The Property Owner must apply for the Leak Adjustment by requesting and filling out the attached form, available on the TEWD website or at their offices.
 - b. The Form must be completed and returned to TEWD as soon as possible with all necessary documentation as described below.
2. Eligibility for Leak Adjustment: Applicants must meet all the following criteria to be considered for a Leak Adjustment:
 - a. Applicant has not received a leak adjustment in the previous three years.
 - b. Applicant has repaired the leak within thirty (30) days of either being notified or when the leak was discovered.
 - c. Applicant has provided proof of the repair (receipts for material or services related to the repair)
3. Parameters of Account Credit:
 - a. The Leak Adjustment Credit is only applied to one billing period covering the leak in question.
 - b. The amount of the credit may be either 1) up to (but shall not exceed) 50% of water usage above the normal billing usage during the same time period during the previous year, or 2) 50% of the highest bill during the leak.
 - c. Process of the credit may take up to 60 days from the time of the leak.

This Resolution shall be effective immediately.

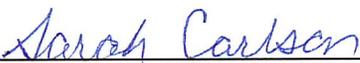
Dated this 10TH day of March 2026 at a regularly scheduled meeting of the Trails End Water District #2.



COMMISSIONER WATSON



COMMISSIONER MORRIS



COMMISSIONER CARLSON

TRAILS END WATER DISTRICT #2

LEAK ADJUSTMENT FORM

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ALL Fields below MUST be filled out:

Name(s) of Property Owner: _____

Phone Number: _____

TEWD Account Number: _____

Date you first noticed your leak: _____

Date the leak was repaired: _____

Location of leak: _____

By typing/signing my name below, I am electronically signing this application:

Date: _____