Temporary Construction Flanged Meter Application

Application Date: _____

Meter Request Date: _____

Approved By: _____

APPLICATION TYPE: ☐ NEW ☐ RELOCATION

PURPOSE: ☐ GRADING ☐ IRRIGATION ☐ FLUSHING/ DISINFECTION

☐ DROP TANK (Notify Operations) ☐ OTHER: _____

METER SIZE (SELECT ONE)	DEPOSIT *		INSTALLATION FEE	TOTAL DUE
	Meter	Billing		
☐ 2" Flanged Meter (160 gpm max.) **	$2,405.00	$1,055.00	$790.00	$4,250.00
☐ 4" Flanged Meter (500 gpm max.)	$4,130.00	$5,692.00	$790.00	$10,612.00
☐ 6" Flanged Meter (1000 gpm max.)	$7,001.00	$10,816.00	$790.00	$18,607.00

* Deposit, less lost or damaged meter charges, is applied to final bill upon account closure; unused balance is refunded.
** For irrigation and domestic use only.

Location of property where meter will be used (Address, APN, Parcel No. Tract No.): _____

_____ **Asset ID:** _____

Location where construction meter is to be set. If applying for relocation, list current and proposed meter location. Provide location map or site plan:

_____

Billing Contact Name _____ Developer/Builder _____

Billing Contact Phone _____ Job Contact Name _____

Billing Contact Email _____ Job Contact Phone _____

Billing Address _____ Job Contact Email _____

In accordance with the State of California Administrative Code, Title 17, and the Policies, Rules and Regulations of Santa Clarita Valley Water Agency, the use of this construction meter requires the owner/developer to install a backflow prevention device downstream of the meter. The device must be inspected by SCV Water personnel and tested in the presence prior to use. SCV Water assumes no liability for the functionality of the backflow prevention device or any downstream piping. Contact (661) 297-1600 to arrange for inspection.

By signing the application, the applicant acknowledges the above information is correct and will notify SCV Water if any changes occur. Applicant acknowledges terms and conditions related to the use of temporary construction meters outlined in the SCV Water Customer Service Policy: Bit.ly/SCVWaterCustomerCarePolicy.

Print Name _____ Signature _____