



CONSTRUCTION METER (FLANGED) APPLICATION AND INVOICE

CALL (661) 294-0828 FOR HYDRANT METER REQUEST

COMPLETE AND SIGN THE APPLICATION (valid two years from application date). Completed application must be emailed to CONSTRUCTION METERFLANGED@SCVWA.ORG.

TYPE OF APPLICATION: [] NEW [] RELOCATION [] RENEWAL
SIZE: [] 2" (8/160 gpm min/max.) [] 4" (2/1000 gpm min/max.) [] 6" (3/1600 gpm min/max.)
[] 8" (5/2800 gpm min/max.) [] OTHER

CONSTRUCTION METER PURPOSE: [] GRADING [] FLUSHING/DISINFECTION
[] IRRIGATION [] OTHER

METER REQUEST DATE:

ANTICIPATED REMOVAL DATE:

WILL THE METER BE INSTALLED BY A DEVELOPER CONTRACTOR (Master Agreement with SCVWA is required to use this option)?

[] YES [] NO

LOCATION OF PROPERTY WHERE METER WILL BE USED (ADDRESS, APN, PARCEL NO., TRACT NO.):

ATTACH LOCATION MAP OR SITE PLAN OF WHERE CONSTRUCTION METER WILL BE INSTALLED. (IF APPLYING FOR RELOCATION, LIST CURRENT AND PROPOSED METER LOCATION):

In accordance with the State of California Administrative Code, Title 17, and the 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.

By Signing the application, the applicant acknowledges the above information is correct and will notify SCV Water if any changes occur.

Table with 2 columns: DEVELOPER/BUSINESS RESPONSIBLE and PERSON RESPONSIBLE/CONTACT. Fields include MAILING ADDRESS, EMAIL ADDRESS, PHONE NO, NAME, TITLE, EMAIL ADDRESS, and PHONE NO.

SIGNATURE

DATE:



OFFICE USE ONLY

METER INFORMATION

PROJECT NO.: _____

ACCOUNT NO.: _____

DIVISION: _____

METER TYPE: _____

PRESSURE ZONE: _____

METER NO.: _____

PAYMENT DATE: _____

METER READ OPEN: _____

AMOUNT PAID: _____

METER READ CLOSE: _____

CHECK NO.: _____

ACCOUNT CLOSING DATE: _____

PROCESSED BY: _____

SIGNED OFF BY ENGINEER: _____