

Job Order # _____ - _____

Water Meter Clearance Application

Applicant/Contact Person: _____ **Phone #:** _____

Project Name: _____ **Email:** _____

Project Address: _____

Tract No.: _____ **Phase:** _____ **Lot No.(s):** _____

Project Information

Water Meter Address: _____

Residential Residential Multi Unit: No. of Units: _____

Commercial* Irrigation, completely fill out Form B-2 (Page 2 of 2)

* A multi-unit commercial building requires a separate meter for each unit.

Total Fixture Units (for fixtures not included herein, refer to the latest edition of the Uniform Plumbing Code)

Fixture	Private	Public	No. of Fixtures	Total
Bathub or Combination Bath/Shower (fill)	4	4	x	=
3/4" Bathub Fill Valve	10	10	x	=
Bidet	1	-	x	=
Clothes Washer, domestic	4	4	x	=
Dental Unit, Cuspidor	-	1	x	=
Dishwasher, domestic	1.5	1.5	x	=
Drinking Fountain or Water Cooler	0.5	0.5	x	=
Hose Bib	2.5	2.5	x	=
Lavatory	1	1	x	=
Lawn Sprinkler, each head	1	1	x	=
Mobile Home, each (minimum)	12	-	x	=
Bar Sink	1	2	x	=
Clinic Faucet Sink	-	3	x	=
Clinic Flushometer Valve w/ or w/out faucet	-	8	x	=
Kitchen Sink, domestic	1.5	1.5	x	=
Laundry Sink	1.5	1.5	x	=
Service Sink or Mop Basin	1.5	3	x	=
Washup Sink, each set of faucets	-	2	x	=
Shower, per head	2	2	x	=
Urinal, 1.0 GPF Flushometer Valve	3	4	x	=
Washfountain, circular spray	-	4	x	=
Wtr Closet, 1.6 GPF Gravity Tank	2.5	2.5	x	=
Wtr Closet, 1.6 GPF Flushometer Valve	5	5	x	=
Total Units:				_____

Note: If any fixtures or water requirements are designated by GPM, IWA will convert all use to GPM for meter sizing.

Water Meter Clearance Application Fee

Description	Cost to Review Application
Review of Water Meter Clearance Application	\$86.00
Total:	\$ _____ Payment Code: WMC

I affirm that the information given is correct. The approval given for minimum meter size and maximum water capacity of water pipe are based solely on the information and the building plans. Any deviation under construction will require resubmission of corrected data for determination of adequacy of water pipe and meter sizes.

Signature: _____ Date: _____

Please make check payable to "Indio Water Authority"

For IWA office use only:

Total F.U. for Water Capacity Fees: _____ (Total F.U. for Meter Sizing: _____)
Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved Meter Size: _____ Water Supply Line Size: _____
Approved By: _____ Date: _____
Date Paid: _____ Amount Paid: _____ Received By: _____
Check No.: _____ Receipt No.: _____

Irrigation Water Meter Clearance Application

Project Information

Water Meter Address: _____

Station No.	Flow (gpm)	Runtime (minutes per day)	Runtime (days per month)	Conversion Factor	CCF PER MONTH
1	_____ x	_____ x	_____	÷ 748 =	_____
2	_____ x	_____ x	_____	÷ 748 =	_____
3	_____ x	_____ x	_____	÷ 748 =	_____
4	_____ x	_____ x	_____	÷ 748 =	_____
5	_____ x	_____ x	_____	÷ 748 =	_____
6	_____ x	_____ x	_____	÷ 748 =	_____
7	_____ x	_____ x	_____	÷ 748 =	_____
8	_____ x	_____ x	_____	÷ 748 =	_____
9	_____ x	_____ x	_____	÷ 748 =	_____
10	_____ x	_____ x	_____	÷ 748 =	_____
11	_____ x	_____ x	_____	÷ 748 =	_____
12	_____ x	_____ x	_____	÷ 748 =	_____
Total Monthly Demand (CCF)					= _____
Total Annual Demand (CCF)					= _____

I affirm that the information given is correct. The approval given for minimum meter size and maximum water capacity of water pipe are based solely on the information and the building plans. Any deviation under construction will require resubmission of corrected data for determination of adequacy of water pipe and meter sizes.

Signature: _____ Date: _____

Please make check payable to "Indio Water Authority"

For IWA office use only:

Total GPM for Meter Sizing: _____	Backflow Size: _____
Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Meter Size: _____	Water Supply Line Size: _____
Approved By: _____	Date: _____
Date Paid: _____	Amount Paid: _____
Check No.: _____	Received By: _____
Receipt No.: _____	