

Indio Water Authority

IWA Engineering Phone Line: (442) 400-5250

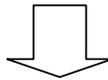
Forms and Inquiries may be submitted directly, by mail to: 83-101 Avenue 45 Indio, CA 92201 or

[Email: IWAEngineering@indio.org](mailto:IWAEngineering@indio.org)

Water Meter Downsize

(All Forms and detailed Procedural Guidelines also available for download on IWA website)

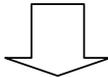
Carefully read and fill out all enclosed forms completely and accurately. IWA Engineering is available for assistance as needed.



Submit all enclosed forms to IWA Engineering (**Form B-2 Water Meter Clearance**, **Form D-5 Meter Downsize Request**, and **Form D-6 Credit Card Authorization** if applicable) with only Form B-2 evaluation fee to be paid at time of forms submittal. Payment will be processed and a receipt will be sent to Customer.

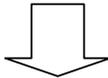
ESTIMATED PROCESS TIME: 5 BUSINESS DAYS OR LESS

FEES DUE: \$86



IWA Engineering will evaluate the request and notify Customer as to eligibility to downsize the meter. Approved requests will proceed to IWA installation processing.

ESTIMATED PROCESS TIME: 5 BUSINESS DAYS OR LESS



Customer to coordinate IWA inspections and meter pick up (meter pickup not required if Customer paid for optional IWA Installation service) by sending email to iwainspections@indio.org one business day prior to intended pick-up and provide service address, return phone number, date that Customer will pickup meter. Meter pick-up days are Tuesdays and Thursdays between 10AM-11AM. For IWA Installation and IWA Inspections, D-5 estimated fees will be adjusted (reduced or increased, see Form D-5) to actual costs and accounted for in Customer's next effective water bill depending on the timing of installation.

ESTIMATED PROCESS TIME: 15 BUSINESS DAYS

ESTIMATED MINIMUM REMAINING FEES: \$737

(FOR EXAMPLE: 3/4 -INCH IWA INSTALLATION), SEE FORM D-5 FOR DETAILS



Water Meter Clearance Application

Applicant/Contact Person: _____ Phone #: _____
 Project Name: _____ Email: _____
 Project Address: _____
 Tract No.: _____ Phase: _____ Lot No.(s): _____

Project Information

Meter Address: _____
 Commercial* Residential Residential Multi Unit: New service location
 No. of Units _____ Irrigation (complete 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 California Plumbing Code)

| Fixture | Private FUs | Public FUs | No. of Fixtures | Total |
|---|-------------|------------|-----------------|-------|
| Bathtub or Combination Bath/Shower (fill) | 4 | 4 | x | = |
| 3/4" Bathtub Fill Valve | 10 | 10 | 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 | = |
| Wash up Sink, each set of faucets | - | 2 | x | = |
| Shower, per head | 2 | 2 | x | = |
| Urinal, 1.0 GPF Flushometer Valve | 3 | 4 | x | = |
| Wash fountain, circular spray | - | 4 | x | = |
| Water Closet, 1.6 GPF Gravity Tank - Private/Public | 2.5 | 2.5 | x | = |
| Water Closet, 1.6 GPF Flushometer Valve - Public | - | 5 | x | = |

Total Units: _____

Estimated Commercial Use (Gallons per Month): _____

Fire Sprinkler Requirements: 13D NFPA

_____ GPM Required = _____
 (1" meter requirement if greater than 30 GPM)

Note: If any fixtures or water requirements are designated by CFM, 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 |
| 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 Fixture Units for Water Capacity: _____ | Total GPM for Meter Sizing: _____ (gpm) |
| Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Backflow Size: _____ |
| Approved Meter Size: _____ | Water Supply Line Size: _____ |
| Approved By: _____ | Date: _____ |
| Date Paid: _____ | Amount Paid: _____ |
| Check No.: _____ | Receipt No.: _____ |
| Payment Processed By: _____ | |



Irrigation Water Meter Clearance Application

Applicant/Contact Person: _____ Phone #: _____
 Project Name: _____ Email: _____
 Project Address: _____
 Tract No.: _____ Phase: _____ Lot No.(s): _____

Project Information:
 Irrigation 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) | | | | | = _____ |

Water Meter Clearance Application Fee

| Description | Cost to Review Application |
|---|----------------------------|
| Review of Water Meter Clearance Application | \$86 |
| 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 Landscape Area: _____ | Max. GPM for Meter Sizing: _____ (gpm) |
| Backflow Prevention Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Backflow Size: _____ |
| Approved Meter Size: _____ | Water Supply Line Size: _____ |
| Approved By: _____ | Date: _____ |
| Date Paid: _____ | Amount Paid: _____ |
| Check No.: _____ | Receipt No.: _____ |
| Payment Processed By: _____ | |



Meter Downsize Request Application

Instructions: Complete this form in its entirety, sign, and return to Indio Water Authority (IWA) via IWAEngineering@indio.org, or fax to (760) 391-6433 ATTN: IWA Engineering, or by mail.

Applicant Name: _____ Phone #: _____
 Account Number: _____ Email: _____
 Service Address: _____

Meter Information

Existing Meter
 Size*: _____ (inch) Commercial Residential

If Commercial or Residential, is Fire Protection System Fed by Existing Meter?
 No
 Yes If yes, please contact IWA Engineering for further evaluation.

Desired Meter

| | Size | Meter Type | Cost of Meter | Max GPM | Max Fixture Units |
|--------------------------|------|-----------------------|---------------|---------|-------------------|
| <input type="checkbox"/> | 3/4" | Positive Displacement | \$387.00 | 30 | 48 |
| <input type="checkbox"/> | 1" | Positive Displacement | \$469.00 | 50 | 128 |

Preliminary Meter Down Size Quote

If work done by IWA:

| Description | Amount |
|----------------------------|-----------|
| Meter Device | \$ _____ |
| Estimated Labor Cost | \$ 300.00 |
| Estimated Additional Parts | \$ 50.00 |

If work done by Licensed Plumber:

| Description | Amount |
|-----------------------------------|-----------|
| Meter Device | \$ _____ |
| Inspection Fee (2 Inspections) | \$ 138.00 |

Per Chapter 54, Section § 54.062 LANDSCAPE AND WATER CONSERVATION, "Consumers, contractors, or any other person shall not tamper with or make inoperable any permanent meter that is installed to record water usage." By installing a shutoff valve, it eliminates the possibility tampering charge, which is \$315 for the first offense and \$430 the second offense. Customers without a shutoff valve will be required to install the valve to be in compliance with the municipal code. Cost for the shutoff valve is \$150.

Estimated Total: \$ _____

By signing this, I agree to a meter down size and accept the change in flow availability to my service location. I agree to pay in full the quote provided to me by Indio Water Authority. The total cost may be higher than the original quote due to the condition of the existing meter. Meters larger than 1-inch will be required to pay additional labor and material costs. Other costs associated may include, but not limited to, meter box replacement, customer shut-off ball valve, and extra fittings. Additional costs associated will be determined solely by Indio Water Authority and will be included as part of the next month's bill after work is complete. I also understand that any and all future cost to return the meter to its original size will need to be paid to IWA.

Signature: _____ Date: _____

Please make check payable to "Indio Water Authority" if applicable or required.

For IWA office use only:

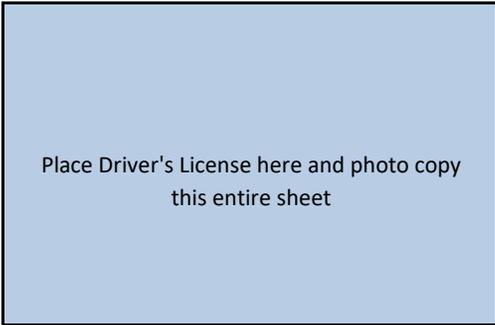
| | |
|--------------------|-------------|
| Received By: _____ | Date: _____ |
| Approved By: _____ | Date: _____ |
| Comments: _____ | |

Credit Card Authorization

Applicant/Contact Person: _____ Phone #: _____
Project Name: _____ Email: _____
Project Address: _____
Tract No.: _____ Phase: _____ Lot No.(s): _____

Driver's License Information

1. Complete the entire remittance form at bottom of page.
2. Place Driver's License of Authorized Signer in box to the right and photo copy.
3. Email to IWAEngineering@indio.org or fax to (760) 391-6440 with required forms.



Payment Information (exactly as it shows on card)

VISA MASTERCARD

Credit Card Number: _____
PLEASE PRINT

Expiration Date: _____ MM/YY V Code: _____
3-DIGIT ON BACK OF CARD

Cardholder Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Billing Zip Code: _____

Amount: \$ _____

Cardholder Signature: _____ Date: _____

OFFICE USE ONLY:

| | |
|-----------------------------------|-----------------------|
| PAYMENT AUTHORIZATION CODE: _____ | DATE PROCESSED: _____ |
|-----------------------------------|-----------------------|