WATER SERVICE APPLICATION
Irrigation Water Service (DW, NPW, or RW)

METER LOCATION INFORMATION
Project Address: ____________________________

Use Description: Irrigation (Domestic Water, Recycled Water, or Non-potable Water)

Tract No: __________ Lot No.: ____ Lot Size (OC Assessor’s Final Map): __________ Index No.: ______

Meter Size: _______ with/without __________ Backflow Device/RPPA (Location to be determined by the City)

Nearest Cross Streets ________________________________

APPLICANT INFORMATION (Billing Address)

Name (Individual & Firm if applicable), Mail Address, E-Mail Address, & Telephone (Land line & Mobile):

__________________________

LANDSCAPE IRRIGATION METER AND BFD/RPPA INFORMATION (Address of Meter, if different from above)

Completed by Applicant (A – G) Completed by Utilities Department (1 – 10)
A. Landscape Area ______________ SF 1- Billing Classification ______________
B. Total Lot Area ________________ SF 2- Type of Meter ______________
C. BFD/RPPA Size __________________ 3- Meter Size ______________
D. BFD/RPPA Manufacturer __________ 4- Meter Serial No. ______________
E. BFD/RPPA Model No. ______________ 5- Remote Meter Serial No. ______________
F. RPPA Installed By ________________ 6- Meter Read ______________
G. BFD/RPPA Serial No. ______________ 7- Meter Manufacturer ______________
H. BFD Tested By ________________ 8- Date Meter Installed ______________
I. BFD Test Date ________________ 9- Meter Installed By __________________
J. Date Test Certification to City ______________
REQUIRED FEES

FEES VERIFIED WITH AGREEMENT, attached fees calculations.

________________________

Miscellaneous Information

Done
(X) Y / N Approved backflow Prevention Device to be installed prior to meter installation
( ) Y / N Install meter only (No backflow issues)
( ) Y / N State or County Permit require
(X) Y / N Water Quality Technician must approved back flow prevention device prior to meter being activated. Inspector sign off here_____________________Date_________________.
( ) Y / N Pressure regulator required. Inspector sign off here ______________Date______________.

ADDITIONAL REMARKS:

BFD Information (if applicable): size: Manufacturer: Serial No.

________________________

FINAL SIGN OFF ON METER

Utilities Inspection:_________________________________________________________

Mike Smith

________________________

Quality Assurance:_________________________________________________________

Tim O’Neal

________________________

Customer Service:_________________________________________________________

Josie Garcia

________________________

Utilities Department:
ALL FEES HAVE BEEN VERIFIED AND COLLECTED AND ALL NECESSARY CITY PERSONNEL HAVE SIGNED OFF. METER INSTALLED PROPERLY. Application processed and forwarded to Customer Service to set up the Customer Account.

Utilities Engineering:_________________________Date______________________