



**Meter Application No.** \_\_\_\_\_

**Customer Account No.** \_\_\_\_\_

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

**METER LOCATION INFORMATION**

**DATE:** \_\_\_\_\_

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**
- B. Total Lot Area \_\_\_\_\_ **SF**
- C. BFD/RPPA Size \_\_\_\_\_
- D. BFD/RPPA Manufacturer \_\_\_\_\_
- E. BFD/RPPA Model No. \_\_\_\_\_
- F. RPPA Installed By \_\_\_\_\_
- G. BFD/RPPA Serial No. \_\_\_\_\_
- H. BFD Tested By \_\_\_\_\_
- I. BFD Test Date \_\_\_\_\_
- J. Date Test Certification to City \_\_\_\_\_

- 1- Billing Classification \_\_\_\_\_
- 2- Type of Meter \_\_\_\_\_
- 3- Meter Size \_\_\_\_\_
- 4- Meter Serial No. \_\_\_\_\_
- 5- Remote Meter Serial No. \_\_\_\_\_
- 6- Meter Read \_\_\_\_\_
- 7- Meter Manufacturer \_\_\_\_\_
- 8- Date Meter Installed \_\_\_\_\_
- 9- Meter Installed By \_\_\_\_\_

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**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 \_\_\_\_\_ Date \_\_\_\_\_

Quality Assurance: \_\_\_\_\_  
Tim O'Neal \_\_\_\_\_ Date \_\_\_\_\_

Customer Service: \_\_\_\_\_  
Josie Garcia \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_

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