METER REQUEST APPLICATION
IRRIGATION

OWNER INFORMATION		
Company Name:		
Contact Name:	Contact E-Mail Address:	
Company Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

***Who is financially responsible for payment of the monthly water bill?**
(circle one) OWNER APPLICANT

APPLICANT INFORMATION		
Company Name:		
Contact Name:	Contact E-Mail Address:	
Company Address:		
City:	State:	ZIP Code:
Phone:	Fax:	Cellular:

PROJECT INFORMATION

A water meter shall be sized to ensure that the maximum demand (in gallons per minute) will not exceed 80% of the manufacturer's recommended maximum flow rate, as shown in Section 27.03. In no case shall the water meter size be less than ¾-inch.

Meter Rating:

Size	GPM
3/4"	24
1"	40
1-1/2"	80
2"	128
3"	400
4"	800
6"	1,600
8"	2,720
10″	4,000

Lateral Size: Meter Size:	Station #: Irrigated SF:
Lateral Size: Meter Size:	Station #: Irrigated SF:
Lateral Size: Meter Size:	Station #: Irrigated SF:

Project Name:		Project Number:
Project Address:		
City:	State:	ZIP Code:

Backflow Prevention Details are located at www.sdwas.com

Signature of Applicant:	Date: