



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 $\frac{3}{4}$ -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 <http://www.sdwac.com/html/Vol3/Water.htm>

Signature of Applicant:

Date: