



# The Metropolitan District

Year **2021**

## Application and Tracking Document for Installation of a Temporary Hydrant Meter

MDC Application Number: **2021-** \_\_\_\_\_

***This section to be filled in by Applicant***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Anticipated Installation Date: \_\_\_\_\_

For what purpose will meter be used? List all uses.

Expected Removal Date: \_\_\_\_\_

Road/Construction Contractor  
 Landscape Contractor

Irrigation/Farming  
 Other (specify) \_\_\_\_\_

Location where meter will be installed: \_\_\_\_\_ street  
\_\_\_\_\_ nearest intersecting street  
\_\_\_\_\_ Town

Work Phone# : \_\_\_\_\_ 24 Hour Emergency # : \_\_\_\_\_

Cell Phone # : \_\_\_\_\_ Fax #: \_\_\_\_\_

email address: \_\_\_\_\_ Preferred phone # during day: \_\_\_\_\_

*Signature of applicant* Certifies that applicant has read and will comply with Public Health Code Cross Connection Regulation 19-13-B37, 19-13-B38a and District guidelines for safe operation of hydrant use. Applicant **MUST** notify The Metropolitan District prior to removal of hydrant meter.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
*Customer signature*

***This section to be filled in by Command Center/Customer Service Department:***

Date:  Meter Number:  Initial Meter Reading:

Non-refundable \$1500 permit/inspection fee, plus an additional \$2000 hydrant meter deposit

Number:  Document number:

Signed by: \_\_\_\_\_  
*Manager of Customer Services or Designee*

***This section to be filled in by Cross-Connection Liaison/Technician (if backflow prevention is required)***

Date of Test: \_\_\_\_\_ Installed by: \_\_\_\_\_

Tag # \_\_\_\_\_

Did device pass test? YES  NO

Approved for Use: \_\_\_\_\_ Date: \_\_\_\_\_  
*Cross-Connection Technician/Liaison*

***Approved moving of hydrant meter:***

Date: \_\_\_\_\_

Location to: \_\_\_\_\_ street  
\_\_\_\_\_ nearest intersecting street  
\_\_\_\_\_ Town