



The Metropolitan District

Year **2024**

Application and Tracking Document for Installation of a Temporary Hydrant Meter

MDC Application Number: **2024-** _____

This section to be filled in by Applicant

Name: _____

Address: _____

Date: _____

Anticipated Installation Date: _____

Expected Removal Date: _____

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

☐

Road/Construction Contractor

☐

Irrigation/Farming

Landscape Contractor

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