RECESSED ELECTRICAL BOX / RADIO LOCATION (SEE NOTE 10 & 11)

w/PULL LINE (SEE NOTE 8 & 9)

MIN.

DISTRICT OWNED C.S.B.

W/STAINLESS STEEL

OPERATING ROD

"MIV.

MAY

½" RIGID METALLIC CONDUIT

REQUIRED DUAL CHECK

ASSEMBLY (SEE NOTE 2)

METER SET DEVICE

VALVE

ALVE

24" TO 48" FROM FLOOR

UPDATE JULY 2020

3/4" & 1" Interior Meter Installation Request Form

INSTALLATION CRITERIA NOTES

- 1. Curb stop box plumb, operational, and set to finish grade.
- 2. Dual check assembly installed directly adjacent to the downstream side of the downstream shut-off valve. (See drawing).
- 3. 1-inlet and 1-outlet shut-off valve immediately adjacent to water meter setter.
- 4. Meter setter installed and stabilized in the horizontal position, 24-48" above the finished
- 5. Metter setter has a minimum 3" clearance from the wall and 12" around the meter setter, with clear access from the front.
- 6. Meter setter in a crawl space is located within 3' of the access and a minimum of 18" below the floor joist. Provisions are made to prevent freezing in unheated spaces.
- 7. FCLWD meter lay lengths 3/4" meter = 7.5", 1" meter = 10.75"
- 8. Maximum 70' of 1/2" rigid, metallic conduit, no junction boxes, furnished with pull line.
- 9. Conduit is adjacent and stabilized from the ceiling to the meter setter, terminating 2-3" directly above the setter.
- 10. Recessed electrical box mounted 48-66" above final grade, with a minimum of a 8" square flat wall space for the District radio unit.
- 11. District radio location shall not be located on the rear of the structure.
- 12. No leaks.

13. Home	accessible	to meter	installer.	

	13. Home accession	13. Home accession to meter instanci.			
Meter Installation Address		City:			
(Email or fax form to District.	Meters will be set after receiving the request form.)				

Builder Certification: (By signing, you are certifying that all District meter set requirements have been met. You also understand that you will be subject to a minimum \$50.00 reset fee if meter is not set due to non-conformance items.)

Company Name:					_ Superintendent:		
Address:					Superintendent Signature:		
City:			State:	Zip:	Phone #:		
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