



MARSHALL TOWNSHIP  
 MUNICIPAL SANITARY AUTHORITY  
 525 PLEASANT HILL ROAD  
 SUITE 200  
 WEXFORD, PA 15090

**APPLICATION FOR WELL WATER METER PERMIT**

**INSPECTIONS BY THE ALLEGHENY COUNTY HEALTH DEPARTMENT MUST BE COMPLETED PRIOR TO MTMSA'S INSPECTION**

**\* CONTACT ALLEGHENY COUNTY HEALTH DEPT. FOR APPROVAL PROCESS 412.578.8036 ext. 8043 \***

**\* PLEASE PROVIDE 24 HOURS NOTICE PRIOR TO REQUESTING A WELL WATER METER INSPECTION \***

WATER METER STANDARDS All well water meters shall meet the following standards:

- (a) Shall be quality bronze type for potable use that meet or exceed the latest AWWA C700 Standard.
- (b) Shall be capable of measurement of cold water where flow is in one direction only.
- (c) Shall consist of three (3) basic components or assemblies including a sealed register, maincase and measuring chamber.
- (d) Shall have a tamperproof system to prevent customer removal of the meter to obtain free water.
- (e) Shall be 5/8", 3/4" or 1" sizes.
- (f) All meter installations shall include an outside remote reading device.

**PLEASE CONTACT MTMSA FOR A LIST OF MANUFACTURERS/SUPPLIERS THAT PROVIDE METERS AND REMOTE READING EQUIPMENT THAT MEET OR EXCEED THESE SPECIFICATIONS.**

**PROPERTY/HOME OWNERS SHALL BE RESPONSIBLE FOR MAINTAINING THE WATER METER AND REPAIRING OR REPLACING IT WHEN IT HAS BEEN DAMAGED OR IS NOT FUNCTIONING. IN THE EVENT A METER IS NOT WORKING OR A SEAL IS BROKEN, THE OWNER SHALL PROMPTLY NOTIFY THE AUTHORITY.**

**MTMSA'S \$50.00 PERMIT FEE INCLUDES ONE INSPECTION**

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners's Address: \_\_\_\_\_

Plumber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Plumber's Address: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

Applicant's Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.  
 ALLEGHENY COUNTY HEALTH DEPARTMENT APPROVAL**

Approved / Denied By: \_\_\_\_\_ DATE: \_\_\_\_\_

**MTMSA APPROVAL**  
 Approved / Denied By: \_\_\_\_\_ DATE: \_\_\_\_\_