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

APPLICATION FOR DEDUCT METER PERMIT

INSPECTIONS BY THE WEST VIEW WATER AUTHORITY AND 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 ***
*** CONTACT WEST VIEW WATER FOR BACKFLOW RESTRICTION REQUIREMENTS 412.364.1257 ***

MTMSA'S $50.00 PERMIT FEE INCLUDES ONE INSPECTION
*** PLEASE PROVIDE 24 HOURS NOTICE PRIOR TO REQUESTING A DEDUCT METER INSPECTION ***
*** METER MUST ONLY MEASURE WATER USAGE WHICH CANNOT ENTER MTMSA'S SYSTEM ***
*** NO OPEN TAPS ARE PERMITTED BEYOND METER ***
(OTHER THAN PERMANENT RESTRICTED ORIFICE DRAINS)

(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", ¾" or 1" sizes.
(f) All meter installations shall include an outside remote reading device.

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

PROPERTY/HOME OWNERS SHALL BE RESPONSIBLE FOR MAINTAINING THE DEDUCT 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.

Owner's Name: _____ Phone: _____

Owners's Address: _____

Plumber's Name: _____ Phone: _____

Plumber's Address: _____

I CERTIFY THAT ALL INFORMATION PRESENTED IN THIS APPLICATION IS TRUE & CORRECT.

_____
Applicant's Name Applicant's Signature Date

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

ALLEGHENY COUNTY APPROVAL

Approved / Denied By: _____ DATE: _____

WEST VIEW WATER APPROVAL

Approved / Denied By: _____ DATE: _____

MTMSA APPROVAL
Approved / Denied By: _____ DATE: _____

Phone: 724-935-3090 Fax: 724-935-1411 e-mail: marshall@twp.marshall.pa.us