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 outside remote reading pads capable of interrogation from a handheld meter reading device.
(g) All meter installations shall be capable of adapting from touch read to radio read interrogation systems that are compatible with the Authority's automatic meter reading equipment and software.

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.

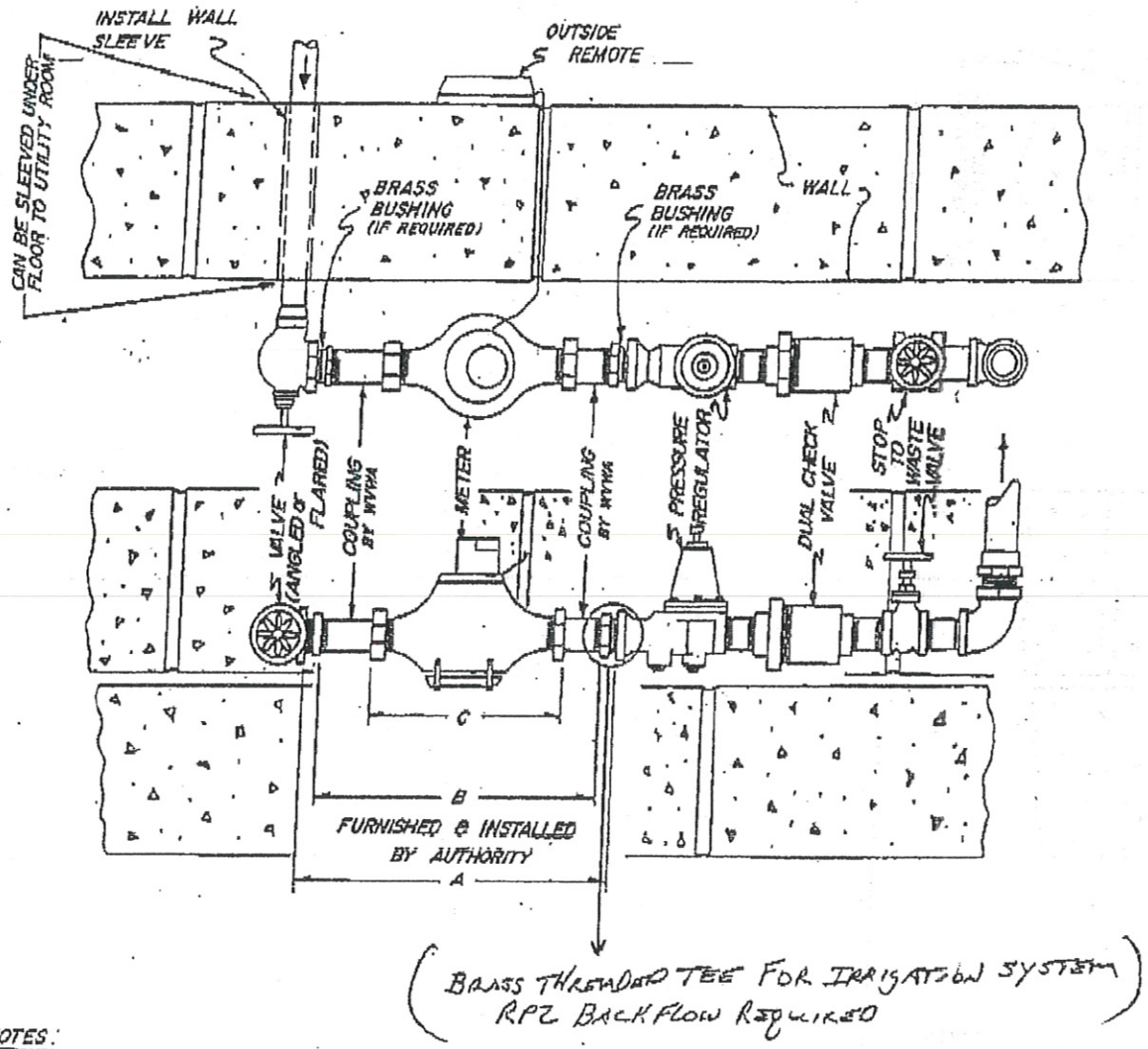
ALLEGHENY COUNTY APPROVAL

Approved / Denied By: _____ DATE: _____

WEST VIEW WATER APPROVAL
Approved / Denied By: _____ DATE: _____

MTMSA APPROVAL
Approved / Denied By: _____ DATE: _____

Phone: 724-935-6260 Fax: 724-935-1411 e-mail: marshall@twp.marshall.pa.us



NOTES:

1. METER TO BE SET IN A WARM, ACCESSIBLE AREA WITHIN DWELLING, A MINIMUM OF 2' FROM FLOOR.
2. NO TEES, BENDS, OR SOLDER JOINTS PRIOR TO THE METER.
3. METER SETTING NOT TO BE BEHIND FURNACE OR HOT WATER, UNDER STEPS, OR OBSTRUCTED IN ANY WAY.
4. METER SPACING:

SIZE	SPACE A	SPACE B	SPACE C	METER TAIL-PIECE
5/8"	12.5"	11.5"	7.5"	1/2"
3/4"	14.25"	13.25"	9"	3/4"
1"	-	16.25"	10.75"	1"

5. "BY WVWA" = INSTALLED BY WATER AUTHORITY.
6. PRESSURE REGULATOR (CHECK WITH AUTHORITY):
   A.) 70 P.S.I. OR LESS - NO REGULATOR REQUIRED.
   B.) 140 P.S.I. OR GREATER MAY REQUIRE REGULATOR INSTALLED BEFORE WATER METER.
   C.) 190 P.S.I. OR GREATER MAY REQUIRE TWO REGULATORS IN SERIES.
7. METER SETTING MUST BE COMPLETE BEFORE METER WILL BE SET.
8. A CLOSED SYSTEM IS CREATED WITH DUAL CHECK IN PLACE. PROVISIONS MUST BE MADE FOR THERMAL EXPANSION, IN HOUSE, DUE TO HOT WATER TANK.
9. PROVIDE PROPER DRAIN AT METER SETTING.
10. BACKFLOW PREVENTER REQUIRED.
11. METER MUST BE SET IN HORIZONTAL POSITION.

The Municipal Authority of the Borough of West View

RESIDENTIAL METER SETTING		DRAWN BY C.E.M.
		APPVD BY G.J.K.
DATE 2/21/95	SCALE 1.5"=1'	AVSD

THE MUNICIPAL AUTHORITY OF THE BOROUGH OF WEST VIEW

Approved Reduced Pressure Backflow Prevention Devices

Manufacturer	Model	Size
Ames	4000 Series	½" ¾" 1" 1¼" 1½" 2" 2½" 3" 4" 6" 8" 10"
	400B Series	¾" 1" 1 ¼" 1 ½" 2"
	COLT 400	2 ½" 3" 4" 6"
	MAXIM 400	2 ½" 3"
ClaVal	RP4	2½" 3" 4" 8" 10"
Apollo / Conbraco	40-200 Series (201-209)	¼" 3/8" ½" ¾" 1" 1¼" 1½" 2" 2½" 4" 6" 8" 10"
Febco	825 Series	¾" 1" 1¼" 1½" 2" 2½" 3" 4" 6" 8" 10"
	860	½" ¾" 1" 1¼" 1½" 2" 2½" 3" 4" 6" 8"
	880	2½" 3" 4" 6" 8" 10"
Flomatic	RPZ	¾" 1" 1½" 2" 2½" 3" 4" 6"
Watts	009 Series	¼" 3/8" ½" ¾" 1" 1¼" 1½" 2"
	909 Series	1¼" 1½" 2" 2½" 3" 4" 6" 8" 10"
	957 Series	2 ½" 3" 4"
	967 Series	2½" 3" 4"
	994	2½" 3" 4" 6"
	995 QT	½" ¾" 1" 1¼" 1½"
Wilkins	375 Series	2½" 3" 4" 6"
	475 Series	2½" 3" 4" 6"

975 Series	¼" 3/8" ½" ¾" 1" 1¼" 1½" 2" 3" 4" 6" 8" 10"

The above listed devices should not be considered as an endorsement of the same. Other devices are available from other manufacturers and will be added to the list after meeting U.S.C and the Authority's approval. If a manufacturer or model does NOT appear on the list, please check with the Authority.

Updated 3/6/07
sls