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", ¾" or 1" sizes.
(f) All meter installations shall include outside remote reading pads capable of interrogation from a handheld meter reading device.

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 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.

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: _____

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