



Irvine Ranch
WATER DISTRICT

TCM Application – Hydrant Construction/Flushing Meters

Temporary Construction Meter (TCM) deposit check shall be written to IRWD. See Temporary Water Service Connection Section per current [IRWD Schedule of Rates and Charges](#) for meter deposit amounts.

3" Hydrant Meter
General Construction Water

4" Flushing Meter
Hydrostatic & Bacteriological Testing on Chlorinated Pipelines

I ACKNOWLEDGE TO HAVE READ AND UNDERSTAND THE TERMS OF SECTION 4 OF THE RULES AND REGULATIONS FOR WATER, SEWER, RECYCLED WATER AND NATURAL TREATMENT SYSTEM SERVICE, LATEST ADOPTED EDITION.

COMPLETE SECTION A. THEN SECTION B. FOR HYDRANT CONSTRUCTION METER OR SECTION C. FOR FLUSHING METER

A.	Company Name:	Billing Contact:
		Phone No.:
		Email:
	Billing Address:	Site Contact:
		Phone No.:
		Email:
	Meter Request Set Date:	End of Meter Use Date:

B.	3" Hydrant Meter Checklist:	<input type="checkbox"/> Hydrant Address: _____ <input type="checkbox"/> Aerial Map Showing Hydrant/Major Cross Streets <input type="checkbox"/> Estimated Water Usage (Gallons/Day or Truck Fills/Day): _____ <input type="checkbox"/> Hydrant Number, if available (spraypainted on hydrant): _____
	Hydrant Color:	<input type="checkbox"/> Yellow (Domestic) <input type="checkbox"/> Purple (Recycled) <input type="checkbox"/> Red (Private Hydrant)
	Activity Use: (check all applicable):	<input type="checkbox"/> Dust Control <input type="checkbox"/> Land Establishment <input type="checkbox"/> Street Sweeping <input type="checkbox"/> Mixing Concrete <input type="checkbox"/> Sales/Construction Trailer <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Deposit Check* Payable to IRWD

C.	4" Flushing Meter Checklist:	<input type="checkbox"/> 11x17 Hard Copy Approved Plans (IRWD Code #, Vicinity Map) <input type="checkbox"/> Deposit Check* Payable to IRWD
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INTERNAL USE ONLY – TO BE COMPLETED BY IRWD TEAM MEMBERS

DS Rep. Name _____	Date _____	Field Activity # _____
CS Rep. Name _____	Date _____	Account # _____
		Check # _____

DEVELOPMENT SERVICES DEPARTMENT

<input type="checkbox"/> Project within 500' of RW Hydrant	Distance to Source: _____
RW Mainline Diameter and Material: _____	
Comments: _____	
<input type="checkbox"/> Scanned To On-Site By: _____ Date: _____	

ON-SITE DEPARTMENT

<input type="checkbox"/> Cleared for RW Hydrant Use	<input type="checkbox"/> Not Cleared for RW Hydrant Use	<input type="checkbox"/> On-Site Review By: _____
Collection Department Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection Review By: _____	