VALLECITOS WATER DISTRICT WATER METER DEMAND FORM

☐ Landscape ☐ Domestic ☐	Agricultural	Other (type)		
nate:	PN# WO#			
Pate: Project Name:				
Nailing Address:				
	City/St./Zip: APN:			
ubmitted By:				
ignature:				
Requested Meter Size: A	separate form is re	quired for eac	h meter request	ed.
SUBMITTAL SHALL INCLUDE A SET OF LANDS	CAPE/IRRIGATION	/PRIVATE PLU	MBING PLANS	
ssessor's Parcel Number:	Total Acreage for Project:			
	Number of Dwelling Units Per Acre:			
	Meter Station Number:			
stimated average monthly water demand for domestic (in	gallons):			
stimated average monthly water demand for landscape/ii	rigation (in gallons	s):		
stimated peak water demand (in gallons per minute)*:		,		
(*must provide a basis for peak demand)				
Nater meter size shall be based on the estimated	Meter Size	EDU's	GPM Max	GPD
average monthly demand in gallons per day (GPD)			* AWWA/C701	
provided by the applicant on the Water Meter	3/4"	1	35	500
Demand Form. Estimated peak demands shall not	1"	2.5	55	1250
exceed the gallons per minute (GPM) listed on the	1-1/2"	6	120*	3000
District's Water and Wastewater Capital Facility Fee Schedule for the meter size proposed. Following commencement of service, the account will be monitored. If the usage exceeds the purchased	2"	8	190*	4000
	3"	17.5	435*	8750
	4"	25	750*	12500
capacity, the payment of additional capital facility fees	Meters larger than 4" are restricted to fire service purpose unless			
may be required. Per VWD Ordinances 175 and 176.				=
IOTE: Submitting incomplete forms or plans may result in	n processing delay	s.		
FOR DISTR	ICT USE ONLY			
Date meter demand form received by District:				
*APPROVED METER SIZE: EDU	's:	Meter F	ee: \$	
*As Determined by the District and based on the information provided				
dditional Capacity (in gallons):	x \$/Gallon: \$			
otal Water EDU's required:	-	Total: \$		
		(Met	ter Fee + Addition	al Capacity)
SDCWA fee(s) require	ed (based on meter	r size): \$		
1	Backflow inspection	n fees: \$		

 Fees calculated by:

 Date:_______
 Revised 8/2023

Total capacity fee(s) required: \$______