

# City of Monterey Park

## WATER METER/SUPPLY SIZING SHEET

**JOB LOCATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **PlanCk #:** \_\_\_\_\_

New Building     Residential     Existing Building     Commercial

No. of Fixtures	Type of Fixtures	Private Use	Public Use	Assembly	No. Units
_____	Bathtub (with or without shower).....	4.0	4.0	----	_____
_____	3/4" Bathtub Fill Valve .....	10.0	10.0	----	_____
_____	Bidet.....	1.0	----	----	_____
_____	Clothes Washer, Domestic.....	4.0	4.0	----	_____
_____	Dental unit , cuspidor.....	----	1.0	----	_____
_____	Dishwasher, domestic.....	1.5	1.5	----	_____
_____	Drinking fountain or watercooler.....	0.5	0.5	0.75	_____
_____	Hose-bibb.....	2.5	2.5	----	_____
_____	Hose-bibb, each additional.....	1.0	1.0	----	_____
_____	Lavatory.....	1.0	1.0	1.0	_____
_____	Lawn Sprinkler, (max. no. of heads in one zone).....	1.0	1.0	----	_____
_____	Sink (Bar).....	1.0	2.0	----	_____
_____	Sink (Clinic Faucet).....	----	3.0	----	_____
_____	Sink (Flushometer Valve).....	----	----	----	_____
_____	Sink (Flushometer Valve with or without faucet).....	----	8.0	----	_____
_____	Sink (Kitchen).....	1.5	1.5	----	_____
_____	Sink (Laundry).....	1.5	1.5	----	_____
_____	Sink (Service or Mop Basin).....	1.5	3.0	----	_____
_____	Sink (Washup, each set of faucets).....	----	2.0	----	_____
_____	Shower, per head.....	2.0	2.0	----	_____
_____	Urinal, 1.0 GPF Flushometer Valve.....	See Section 610.10		----	_____
_____	Urinal, greater than 1.0 GPF Flushometer Valve.....	See Section 610.10		----	_____
_____	Urinal, flush tank.....	2.0	2.0	3.0	_____
_____	Washfountain, circular spray <sup>1</sup> .....	----	4.0	----	_____
_____	Water Closet, Gravity or Flushometer Tank .....	2.5	2.5	3.5	_____
_____	Water Closet, Flushometer Valve <sup>2</sup> .....	See Section 610.10		----	_____
_____	Water Closet, greater than 1.6 GPF Gravity Tank.....	3.0	5.5	7.0	_____
_____	Water Closet, greater than 1.6 GPF Flushometer Valve.....	See Section 610.10		----	_____
_____	Others ( _____ ).....	_____	_____	_____	_____

**TOTAL**.....

Distance, Meter to Farthest Fixture: \_\_\_\_\_ Ft.

**APPROVED:** \_\_\_\_\_

### FOR FIRE DEPARTMENT USE

Is a Fire Service required:  Yes  No. If yes, what size? \_\_\_\_\_ in. **APPROVED:** \_\_\_\_\_

### FOR WATER DEPARTMENT USE

Existing Meter Size: \_\_\_\_\_ in.      Existing City Service Line Size \_\_\_\_\_ in.      Static Water Pressure: \_\_\_\_\_ psi

Required Meter Size: \_\_\_\_\_ in.      Required House Line: \_\_\_\_\_ in.      Pressure Regulator Required:  Yes  No

	Estimated cost	75% Deposit for services
Water meter: _____ in.	_____	_____
Capital Fee:	_____	_____
Fire Service: _____ in.	_____	_____
Capital Fee:	_____	_____
<b>TOTAL</b>	\$ _____	\$ _____