



Irvine Ranch
WATER DISTRICT

TCM Application – Hydrant Construction/Flushing Meters

Temporary Construction Meter (TCM) deposit check written to IRWD. See below for deposit amounts per Temporary Water Service Section of the [IRWD Schedule of Rates and Charges](#).

3" Hydrant Meter - \$1,900
General Construction Water

4" Flushing Meter - \$2,600
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.

Initial _____ Date _____

COMPLETE SECTION A. FOR HYDRANT CONSTRUCTION METER

A.	Company Name:	Billing Contact:
		Phone No.:
	Billing Address:	Email:
		Site Contact:
		Phone No.:
	Tax I.D. Number: (Required) _ _ - _ _ _ _ _	Email:
	3" Hydrant Meter Checklist:	Meter Request Set Date:
		End of Meter Use Date:
		<input type="checkbox"/> Hydrant Address:
		<input type="checkbox"/> Aerial Map Showing Hydrant/Major Cross Streets
Estimated Water Usage: (check one)	<input type="checkbox"/> _____ Gallons <input type="checkbox"/> _____ Gallons/Day <input type="checkbox"/> _____ 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)	
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	

COMPLETE SECTION B. FOR FLUSHING METER ONLY

B.	4" Flushing Meter Checklist:	<input type="checkbox"/> 11x17 Hard Copy Approved Plans (IRWD Code #, Vicinity Map)
		<input type="checkbox"/> Deposit Check* Payable to IRWD

INTERNAL USE ONLY – TO BE COMPLETED BY IRWD TEAM MEMBERS

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

Please contact Customer Service with any questions.
Phone: 949-453-5300
Email: CustomerService@IRWD.com