



Infrastructure Services

474 South Fletcher Road, Gibsons, BC V0N 1V0

Phone 604-886-2274 www.gibsons.ca

Water Meter Installation Form

INSTALLATION DATE

ADDRESS:

INSTALLED BY (Name):

- REMOVAL
- NEW METER
- REPLACEMENT METER *
- REPLACEMENT REGISTER ONLY *

- PW CREW * REASON FOR REPLACEMENT: _____
- OR
- CONTRACTOR/OTHER

METER DIAMETER	SERVICE INFORMATION (MAIN to PL)	NEW METER INFORMATION																														
<input type="checkbox"/> 5/8"x3/4" (16x19mm) <input type="checkbox"/> 3/4" (19mm) <input type="checkbox"/> 1" (25mm) <input type="checkbox"/> 1 1/2" (38mm) <input type="checkbox"/> 2" (50mm) <input type="checkbox"/> Other	<table style="width: 100%;"> <tr> <th style="width: 50%;">Line Size</th> <th style="width: 50%;">Material</th> </tr> <tr> <td><input type="checkbox"/> 1/2" (12mm)</td> <td><input type="checkbox"/> Copper</td> </tr> <tr> <td><input type="checkbox"/> 5/8" (16mm)</td> <td><input type="checkbox"/> Galvanized</td> </tr> <tr> <td><input type="checkbox"/> 3/4" (19mm)</td> <td><input type="checkbox"/> Poly</td> </tr> <tr> <td><input type="checkbox"/> 1" (25mm)</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> 1 1/2" (38mm)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 2" (50mm)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	Line Size	Material	<input type="checkbox"/> 1/2" (12mm)	<input type="checkbox"/> Copper	<input type="checkbox"/> 5/8" (16mm)	<input type="checkbox"/> Galvanized	<input type="checkbox"/> 3/4" (19mm)	<input type="checkbox"/> Poly	<input type="checkbox"/> 1" (25mm)	<input type="checkbox"/> Other	<input type="checkbox"/> 1 1/2" (38mm)		<input type="checkbox"/> 2" (50mm)		<input type="checkbox"/> Other		<table style="width: 100%;"> <tr> <td>Meter Type:</td> <td>MACH 10 R900i</td> </tr> <tr> <td>Meter Type:</td> <td>T-10 R900i DL</td> </tr> <tr> <td>Other</td> <td></td> </tr> <tr> <td>Reading (if not 0):</td> <td><input type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Attach bar tags below</td> </tr> <tr> <td>Meter Serial #: (Short ID)</td> <td><input style="width: 100%; height: 100%;" type="text"/></td> </tr> <tr> <td>Register ID (MXU):</td> <td><input type="text"/></td> </tr> </table>	Meter Type:	MACH 10 R900i	Meter Type:	T-10 R900i DL	Other		Reading (if not 0):	<input type="text"/>	Attach bar tags below		Meter Serial #: (Short ID)	<input style="width: 100%; height: 100%;" type="text"/>	Register ID (MXU):	<input type="text"/>
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*# of units serviced by meter _____																																

LOCATION DESCRIPTION & COMMENTS

Water Zone	Detailed Location:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (SCRD Watermain)	<input style="width: 100%; height: 100%;" type="text"/>

VERIFIED NUMBERS & RF TEST (DATE): _____

SUBMIT COMPLETED FORM TO INFRASTRUCTURE SERVICES

FOR OFFICE USE

Please Initial			
1	IS: _____	Inspection: _____	Test Read: _____
2	Finance: _____	Folio: _____	UB Account: _____
3	GIS: _____	Route: _____	Sequence No.: _____
4	Return Form to IS		