

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 ¹	----	4.0	-----	_____
_____	Water Closet, Gravity or Flushometer Tank	2.5	2.5	3.5	_____
_____	Water Closet, Flushometer Valve ²	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:	_____	_____
TOTAL	\$ _____	\$ _____