

**CITY OF STOW
WATER DEPARTMENT
3760 DARROW ROAD
STOW, OH 44224**

Month _____
Installed _____

IRRIGATION METER APPLICATION FORM

1. Installation Address:

Address (include City and Zip Code)

2. Owner's Address: (Please Print)

Name:		
Address (include City and Zip Code)	Home Phone No.	

3. The Plumber Name and Address: (Please Print)

Company Name:	Business Phone No.
Address (Include City and Zip Code)	Fax No.

Note: The irrigation system must have an approved Reduced Pressure Backflow Preventer. The backflow preventer must be tested by an Ohio Certified Backflow Tester. Please provide Ohio Certification #: _____ & Expiration Date: _____

The reduced pressure backflow preventer will dispurse water when it fails. Proper drainage must be provided in order to not damage the dwelling.

2. Size of Irrigation Meter: (Circle One)

The irrigation contractor will be able to provide the size needed.

Meter Size	Estimated Flow Range	Cost of Meter
5/8"	1/2 to 25 GPM	\$260.00
3/4"	3/4 to 35 GPM	\$310.00
1"	2 to 50 GPM	\$365.00

3. The backflow preventer must be tested at the time of installation and within 30 days of the installation anniversary each year after. The test results must be sent to Stow Water Superintendent at 3760 Darrow Road, Stow, Ohio, 44224. Failure to submit yearly test results may result in water being turned off to the dwelling.
4. Owner Signature. I have read this application form and reviewed the attached diagram, and fully understand the cost and maintenance involved with operating an irrigation system within the City of Stow and agree to hold the City of Stow harmless for any damage due to the above apparatus, its installation or operation.

PLEASE RETURN THIS FORM ALONG WITH METER FEE TO THE CITY OF STOW ENGINEERING DEPARTMENT

Signature: _____ **Date:** _____

Print Name: _____

Cost of Meter (see chart above) \$ _____ **Payment:** Check # _____