



Temporary Construction Hydrant Meter Pre-Application Domestic and Recycled Water Use Review

Recycled Hydrant Meter Domestic Hydrant Meter

Activity (Check All That Apply)	Approximate Start And End Date For All Checked	
	Start (MM/YY)	End (MM/YY)
<input type="checkbox"/> Grading		
<input type="checkbox"/> Dust Control		
<input type="checkbox"/> Street Sweeping		
<input type="checkbox"/> Landscape Establishment		
<input type="checkbox"/> Sales/Construction Trailer		
<input type="checkbox"/> Mixing Concrete		
<input type="checkbox"/> Other: _____		

Estimate Of Gallons To Be Used: _____ Color of Hydrant: _____

Name of Village: _____

Site Location (Major Cross Streets): _____

Address (If Applicable): _____

On-site Contact Name: _____

On-site Phone Number: (_____) _____

Developer/Company Name: _____ (For Monthly Billing)

Office Contact Name: _____

Email: _____

Office Phone Number: (_____) _____ Date: _____

FOR IRWD INTERNAL USE ONLY

Accepted by: _____ Date: _____ Scanned To On-Site _____ Initial

Date: _____ Mainline Diameter: _____ Mainline Material: _____ Approximate Distance To Source: _____

Additional Comments: _____

Cleared for DW Hydrant Use _____ Initial Review With On-Site _____ Initial Collection Department Use? Yes No _____ Initial