



**Irvine Ranch  
Water District**

## 4" Flushing Meters Application

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

- ☐ 4" Flushing Meter - \$2,600  
Hydrostatic & Bacteriological Testing on Chlorinated Pipelines  
Contractor is responsible to provide and test 4" RP device

### COMPLETE SECTION A. FOR HYDRANT CONSTRUCTION METER

|                  |                              |                                                                                                                                |
|------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b>        | Company Name:                |                                                                                                                                |
|                  | Mailing Address:             |                                                                                                                                |
|                  | Tax I.D. Number (Required):  |                                                                                                                                |
|                  | Billing Contact:             |                                                                                                                                |
|                  | Phone No.:                   |                                                                                                                                |
|                  | Email:                       |                                                                                                                                |
|                  | 4" Flushing Meter Checklist: | <input type="checkbox"/> 11X17 Hard Copy Approved Plans (IRWD Code Only)                                                       |
|                  |                              | <input type="checkbox"/> Deposit Check Payable to IRWD (Name on the check must correspond with the authorized billing contact) |
|                  |                              | <input type="checkbox"/> IRWD Code:                                                                                            |
|                  |                              | <input type="checkbox"/> Location Address or Main Cross Streets:                                                               |
| On-Site Contact: |                              |                                                                                                                                |
| Phone No.:       |                              |                                                                                                                                |
| Email:           |                              |                                                                                                                                |

|                            |                                                                                                                                                                                                                                                                                                        |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Initial: _____ Date: _____ | 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. ANY REPAIRS FOR DAMAGE TO THE HYDRANT, METER OR IRWD PROPERTY WILL BE THE RESPONSIBILITY OF THE CUSTOMER. |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Loss Prevention Use Only

|           |             |          |
|-----------|-------------|----------|
| <b>B.</b> | LP Staff:   | Village: |
|           | Meter Read: | Meter #: |
|           | Date:       |          |

### INTERNAL USE ONLY – TO BE COMPLETED BY IRWD TEAM MEMBERS

|                    |            |                 |
|--------------------|------------|-----------------|
| CS Rep. Name _____ | Date _____ | F/A# _____      |
| W.I.D _____        | Date _____ | Account # _____ |
|                    |            | Check # _____   |

TCM Application Rev 8/2026