



### Construction Water and Meter Use Application

The Town of Superior administers the use & metering of construction water. Any use of construction water requires the completion of this permit application.

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Project: \_\_\_\_\_

**GL#50-222300** Meter Deposit (\$3,000.00) Check #: \_\_\_\_\_ (payable to "Town of Superior")  
Meter # \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Issued By: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Initial Reading: \_\_\_\_\_

Final Reading: \_\_\_\_\_

**The contractor is responsible for contacting the utility billing office on or before the first of each month with the current construction water read either by phone 720-304-6797 or email [ameliaj@superiorcolorado.gov](mailto:ameliaj@superiorcolorado.gov)**

**Initial here \_\_\_\_\_**

The contractor will be billed monthly while the meter is in use, including monthly base charges & usage charges as indicated below:

- \$50.00 One-time non-refundable fee
- \$33.94/month Base charge
- \$ 4.28/1,000 gals. Usage from meter readings

**Any damage to the construction meter, hydrant or fittings will be the responsibility of the contractor. I understand and accept the provisions of this permit.**

Contractor Representative: \_\_\_\_\_

(Printed name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Cell phone #)

\_\_\_\_\_  
(Email)



Department of Public Works and Utilities

124 E Coal Creek Drive  
Superior, Colorado 80027  
[www.superiorcolorado.gov](http://www.superiorcolorado.gov)

Phone: 303-499-3675  
Fax: 303-499-3677

**CONSTRUCTION WATER METER OPERATING INSTRUCTIONS**

At job's end, the contractor must return the hydrant water meter, backflow preventer, brace stand(s), hydrant wrench, and shut-off valve, to Town Hall for the final reading of water usage and final inspection of condition by a Public Works employee. After payment of all water use charges, a check will be issued within 30 days for the \$3,000.00 deposit less damage and/or lost equipment fees.

Public Works staff member will suggest a hydrant location and instruct the contractor regarding meter usage, if needed. Do not use any other fire hydrant than the one you were assigned too. **Please note that caution must be taken when closing the hydrant valve; the valve must be closed slowly to prevent a water hammer from damaging the Town's water line. No attachments to the meter are allowed unless the Public Works staff is notified and approves the attachment.**

**How to operate the Fire Hydrant**

- **Do Not Operate Fire Hydrant With Anything But A Fire Hydrant Wrench.**
- **Connect The Meter To The Proper Nozzle.**
- **Gate Valve On Hydrant Meter Should Be Slightly Open.**
- **Slowly Open Hydrant Until Water Starts To Flow.**
- **Continue To Open Fire Hydrant Fully.**
- **Operate Flow Rate By Using Only The Gate Valve On The Hydrant Meter. When Full, Close Gate Valve On Hydrant Meter.**
- **To Disconnect Meter, Slowly Shut Down Fire Hydrant. Do Not Cinch Down.**
- **Remove Meter.**
- **Fire Hydrant Operations Are Fully Closed Or Fully Open. (No In Between. Partially Opened Hydrant Releases Water Through The Weep Holes And Results In Damage)**

**Not Following These Instructions May Damage Fire Hydrant, Water System And Could Cause Bodily Injury.**

**Contractor is responsible for proper operation and care of the fire hydrant when using. Any damage done to the hydrant and water system will be fault of contractor and will be billed for repairs.**

**CONTRACTOR'S ACKNOWLEDGEMENT:**

I have read the above information. I understand it is the responsibility of the Contractor to provide copy of the proper instruction on the use of the hydrant meter assembly to all employees operating the hydrant meter. When I am finished with the meter assembly, I will return it to Town Hall and pay for the water used at the current water rate, plus any damage to the meter. I understand that my deposit funds will be returned to me after all charges have been paid in full.

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Company Representative

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Office Number