

Collier Township
SEWER DEPARTMENT
2418 Hilltop Road Presto, PA 15142
412-279-4941
www.colliertownship.net



DEDUCT METER APPLICATION

DATE: _____

PROPERTY OWNER'S NAME _____ PHONE # _____
PROPERTY ADDRESS _____ CITY, STATE, ZIP _____
PA AMERICAN WATER PREMISE # _____ PIPE SIZE OF MAIN WATER METER _____
DEDUCT METER MANUFACTURER/MODEL/SERIAL NUMBER _____
MAIN METER MANUFACTURER/MODEL/SERIAL NUMBER _____
DEDUCT METER READING _____ MAIN METER READING _____
INSTALLER, COMPANY, ADDRESS _____
PHONE# _____ HP# _____ DATE OF INSTALL _____

PRIMARY USE/NEED FOR DEDUCT METER: _____

APPLICATION WILL REQUIRE AN ATTACHED SKETCH OF **1.)** THE PROPOSED METER INSTALLATION LOCATION. THE DEDUCT METER IS TO BE SHOWN IN RELATION TO EXISTING PIPING AND A CLEAR PHOTO OF THE METER SHOWING THE READING (FACE) OF THE METER. **2.)** THE PROPOSED CONNECTION OR USE OF THE WATER.

NO CREDIT WILL BE ISSUED UNTIL THE METER IS INSPECTED AND APPROVED BY A COLLIER TOWNSHIP SEWER DEPARTMENT PERSONNEL.

I, the undersigned applicant, do hereby request permission to install a deduct meter with a remote outside meter on my property at my own expense to measure metered water not entering the sewer lines of the Collier Township Sewer Department. I certify that the deduct meter will be installed in such a manner and at such a location to measure water that does not and cannot enter the sanitary sewer system and the installation is subject to the approval of ALCOSAN. I agree to notify the Collier Township Sewer Department of the installation of the deduct meter and the remote meter and will arrange a time convenient to an ALCOSAN representative to allow for the examination and inspection of the installation and the approval of same. I agree and understand that I will not be credited for any water registered on the deduct meter if I use it before it is inspected and initially read by ALCOSAN. I acknowledge that the Collier Township Sewer Department will annually notify me to read and submit a photo of the meter and will issue to me a refund for the total number of gallons of water that did not enter the sanitary sewer system, less the \$25.00 administrative fee. I agree that under no circumstances will any line beyond the deduct meter be connected or reconnected to discharge water into the sanitary sewer system.

APPLICANT _____ **DATE** _____

TOWNSHIP USE BELOW

Deduct Meter Inspection Date: _____ Inspected by: _____

Application forms may be submitted electronically to CTSD@colliertwp.net

