



700 West Liberty Street | Louisville, KY 40203-1911
Phone: 502.540.6000 | LouisvilleMSD.org

APPLICATION TO INSTALL COOLING TOWER PRIVATE METERS

Please note the following guidelines prior to completing this application:

All Cooling tower PM Meters must be ordered and purchased through the MSD Metering and Billing Specialist. PM Meter cooling tower customers are required to install both a Makeup meter (deduct meter measuring water to the cooling tower) and a Bleed meter (additive meter measuring water from the cooling tower to the sewer) to qualify for PM Meter billing for cooling tower credit calculation. A complete sketch or drawing, with the specifications for the Makeup and Bleed meters, including the flow of water from its source to the point of final disposal must be submitted with this application for both the Makeup meter and the Bleed meter.

Company Name: _____ Company Federal Tax ID: _____

Mailing Address: _____ Zip code: _____

Meter Service Address: _____ Zip code: _____

Louisville Water Company account number associated with proposed meter(s): _____

Company Representative: _____ Telephone Number: _____

Purpose for application of Private Meters: _____

Source of water flow to proposed makeup (deduct) Meter: _____

Location in which the water flow from proposed Makeup (Deduct) PM Meter is going: _____

Source of water flow to proposed Bleed (additive) Meter: _____

Location in which the water flow from proposed Bleed (additive) PM Meter is going: _____

The undersigned applicant hereby acknowledges receipt of MSD's Discharge Regulation, Article 3, Wastewater Volume Determination, and agrees to abide by all of MSD's applicable regulations, as they may be amended from time to time. In addition, applicant acknowledges that sketch or drawing with specifications of proposed meter(s) installation are attached.

Company Name: _____

Name of Authorized Company Representative: _____

Authorized Signature of Company Representative: _____ Date: ____/____/____

THIS SECTION IS FOR MSD OFFICE USE ONLY

Date Application Received by MSD: ____/____/____

Date Application was approved or denied: ____/____/____ (If denied state denial reason on back)

Signature of Metering Specialist who processed application: _____

Date of Initial Inspection for PM Meter: ____/____/____

Reason for denial of application: _____

Additional Notes: _____
