



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

## **APPLICATION TO INSTALL A PROCESS DEDUCT PRIVATE METER**

**Do not install meter(s) until application has been turned in and approved by MSD**

**Please note, a separate application must be submitted for each private meter proposed to be installed. In addition, a complete sketch or drawing, with the specifications for the proposed installation including the flow of water from its source to the point of final disposal must be attached to each application for each 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 Meter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Source of water flow to proposed PM Meter: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location in which the water flow from proposed 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

