



REGIONAL  
DISTRICT  
NORTH  
OKANAGAN

# WATER METER TESTING APPLICATION FORM

## Greater Vernon Water

- **Water Meter Testing Fee: \$85.00** (per the current *Greater Vernon Water Rates Imposition Bylaw*)
- Meter testing is required to follow ONE MONTH of meter monitoring in place to establish baseline consumption.
- If it is found that the Water Meter is functioning properly and the difference between the amount recorded and the amount actually used is five (5) percent or less, there will be no refund or additional charges.
- If the meter is found faulty following testing, the Water Meter Testing Fee will be refunded.
- If found that the water meter recorded a quantity of water consumed *in excess* of that actually used, a refund shall be made up to a period of six (6) months immediately preceding the date of the application, and the amount of the refund shall be determined by the percentage of inaccuracy as determined by the test.
- If found that the water meter recorded a quantity of water consumed *less than* what was actually used, a charge shall be made to the customer to recover the lost water cost, but such charge shall be limited to a period of six (6) months immediately preceding the date of the application. The amount of the charge shall be determined by the percentage of inaccuracy as shown by the test.
- If the customer refutes the test results provided by GVW, they may request third party testing at the customer's cost.

Utility account number: \_\_\_\_\_

Property Owner(s) name: \_\_\_\_\_

Applicant name (if not Owner): \_\_\_\_\_

Property address: \_\_\_\_\_

Location of service: \_\_\_\_\_

Please provide information on why testing is requested: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(confirming that Applicant may act as the Owner's agent)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### METER TEST REPORT – COMPLETED BY STAFF

Address: \_\_\_\_\_ Visit Date: \_\_\_\_\_

Meter Information: Service Type:  Residential  Agricultural  ICI

ERT / ARB #: \_\_\_\_\_ Make / Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Size: \_\_\_\_\_ Initial Meter Read: \_\_\_\_\_ Final Meter Read: \_\_\_\_\_

Bypasses found?  Yes  No \*If bypass found, is it metered?  Yes  No

**NO** Flow Test: Does meter report flow when all fixtures off?  Yes  No \*If Yes, report to customer that leak is likely.

*Flow testing completed as per AWWA M6 Standard*

**LOW** Flow Test: 1-2 L/min for 30 minutes      Volume Expected: \_\_\_\_\_

Initial Reading: \_\_\_\_\_ Final Reading: \_\_\_\_\_ Water Used: \_\_\_\_\_

**MEDIUM** Flow Test: 19 L/min for 30 minutes      Volume Expected: \_\_\_\_\_

Initial Reading: \_\_\_\_\_ Final Reading: \_\_\_\_\_ Water Used: \_\_\_\_\_

**HIGH** Flow Test: 75 L/min for 15 minutes      Volume Expected: \_\_\_\_\_

Initial Reading: \_\_\_\_\_ Final Reading: \_\_\_\_\_ Water Used: \_\_\_\_\_

Customer must review test record and sign to confirm that the test was witnessed.

Customer Signature: \_\_\_\_\_

Following test, did customer request meter swap?  Yes  No    \*If YES, document on meter install form.

**\*Inform customer that they will be responsible for the cost of the new meter if testing confirms original meter's accuracy.**

Notes: \_\_\_\_\_

If Testing cannot be completed, please note and contact GVW Manager, Distribution to discuss next steps.

PID: \_\_\_\_\_ Sent to Finance:  RDNO  COV  DOC Sent to GVW:  Tempest

Water Meter testing requests must be sent by email to [utilities@rdno.ca](mailto:utilities@rdno.ca)

**Fax requests will not be accepted**

**REGIONAL DISTRICT OF NORTH OKANAGAN  
GREATER VERNON WATER**

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