



CONSTRUCTION PERMIT (14)
APPLICATION C-15-002221

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: Secondary Meter auxiliary

2. Name of Owner in Fee: Tosent / F.I.

Tel. _____ e-mail _____

Address 1672 Forge Pond Brick 1 / 108724

3. Ownership in Fee: ^{street}Public ^{municipality}Private ^{zip code}

4. Principal Contractor: NS P+H, LLC Tel () 223-8320

Address P.O. Box 458 e-mail _____

MANASOVAN 08736

License No. OR, if new home, Builder Reg. No. 9227 Exp. Date 06/15

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 753093037 FAX: (732) 223-4960

5. Architect or Engineer _____ Contact _____

Address _____ e-mail _____

Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun *NEIL* *V*

Tel. (732) 223-8320 FAX: ()

V. FEE SUMMARY (for office use only)

1.	Building	\$		
2.	Electrical			
3.	Plumbing		100 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	\$		
8.	Subtotal	\$		
	State Permit Surcharge Fee		1	
	Subtotal	\$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	\$	101	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved _____ HUD _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes _____ no _____

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

11b. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

[illegible]

TOTAL COST

III. PLAN REVIEW (optional)

DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

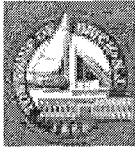
1. State Specific Use:
 2. Use Group, Proposed: _____
 3. Change in Use Group, Indicate Present:
 4. No. of dwelling units: Total Units Income-restricted
- | | | |
|----------------|-------|-------|
| Gained, Sale | _____ | _____ |
| Gained, Rental | _____ | _____ |
| Lost, Sale | _____ | _____ |
| Lost, Rental | _____ | _____ |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s):

- | | |
|-------------------------------|----------|
| D. Construct. Classification: | Present |
| | Proposed |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/30/2015
Control Number C-15-002221
Permit Number 15-1770
Permit Issue Date 6/8/2015
Certificate Number 15-1770

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1672 FORGE POND RD. Brick Township, NJ 08724 Block: 838 Lot: 16 Qual: _____
Owner in Fee: FILI, JOSEPH
Owner Address: 1672 FORGE POND RD BRICK NJ 08724
Telephone: [REDACTED]
Contractor NEIL SLATTERY P & H LLC
Address 109 TAYLOR AVE MANASQUAN NJ 08736-
Telephone: (732) 223-8320 Fax: (732) 223-4960
License Number or Builders Registration Number: 9227 Federal Emp. Number: 25-3093037

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: AUXILIARY METER

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (_____ years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☒ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

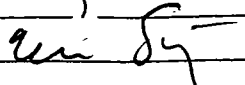
☒ Check if contractor.

Agent Name NEIL SLATTERY PLUMBING & HTG.

Address 109 TAYLOR AVE

MANASQUAN, NJ 08736

Telephone ()

Signature 

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



PLUMBING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 838 1672 Forge Pond Rd Qualification Code _____

Owner in Fee Joseph Bill Tel. _____ e-mail _____

Address 1672 Forge Pond Rd Street MANASQUAN, NJ 08736 Municipality _____ Zip code _____
Contractor NEIL SLATTERY PLUMBING Tel. (732) 223-8320
Address 109 TAYLOR AVE e-mail _____

Contractor License No. 9227 Exp. Date 06/15
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02660600
Federal Emp. ID No. 753093037 FAX: (732) 223-4960

B. PLUMBING CHARACTERISTICS
Use Group _____ Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 750

JOB SUMMARY (Office Use Only)		INSPECTIONS				
PLAN REVIEW		Type:	Failure	Failure	Approval	Initial
☒ No Plans Required		Slab				
☐ Partial-Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required:		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.		Gas Piping				
SUBCODE APPROVAL FOR PERMIT		LP Gas Tank				
Date: <u>5-14-13</u>		Fuel Oil Piping				
SUBCODE APPROVAL FOR CERTIFICATE		Solar				
☐ CO ☐ CCO ☐ CA		TCO				
Date: <u>6-15-13</u>		<u>FINEL</u>				
Approved by: <u>[Signature]</u>		<u>6/15/13</u>				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of Forge Pond Rd and am authorized to make this application and perform the work listed on this application.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Drain Water Nuts for NOSE.

Date Received 6/9/15
Control # _____
Date Issued _____
Permit # 15-1770

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LP Gas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other <u>Drain Water Nuts</u>	
	Other _____	

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



CONSTRUCTION PERMIT

Date Issued 6/8/15
Control # C-15-002221
Permit # 15-1770

IDENTIFICATION Block: 838 Lot: 16 Qualifier _____
Work Site Location: 1672 FORGE POND RD. Brick Township, NJ Contractor: NEIL SLATTERY P & H LLC
08724 Address: 109 TAYLOR AVE. MANASQUAN NJ 08736-
Owner in Fee: FILL, JOSEPH
1672 FORGE POND RD. BRICK NJ 08724 Telephone: (732) 223-8320
Telephone: _____ Lic. No. or Bldrs. Reg. No. 9227
Federal Employee No. 25-3093037

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

AUXILIARY METER

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$750

Construction Official

Date 5/14/15

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$100
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$101
Check No. <u>5039</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☒ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
(732) 458-7000 • FAX (732) 458-5378

APPLICATION FOR AUXILIARY WATER METER

Date: 9/10/14
Applicant's Name: Joseph Fili Telephone No. [REDACTED]
Mailing Address: 1672 Forge Pond Rd. 08724
Service Location: same
Account Number: 12372005 Block: 838 Lot: 16
Size of Existing Service: 3/4" Size of Existing Meter: 3/4"

[Signature]
Applicant's Signature

[Signature]
Authority Representative

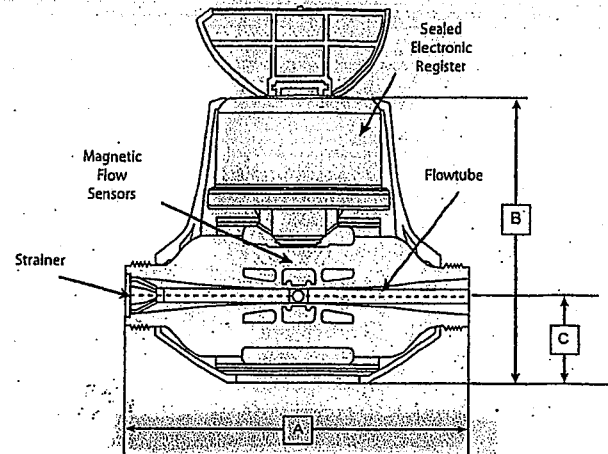
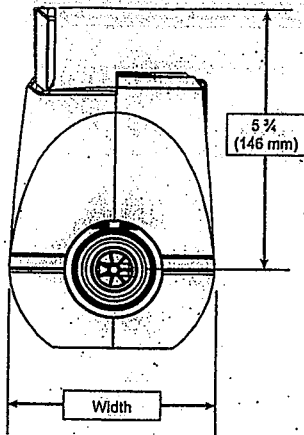
THIS APPLICATION IS VALID FOR 6 MONTHS FROM DATE OF APPLICATION.

Please note the following:

At the customer's option, a separate account may be established, subject to all conditions of the rate schedule applicable to water usage.

After completing this application the following steps must be taken:

1. Obtain a special device permit from the Township of Brick Plumbing Department.
2. A licensed plumber or homeowner must cut into the pipe BEFORE the existing yoke and install a second meter yoke. A valve before and after the meter is required as well as a backflow preventer. Yoke must be within 4 feet of crawl space entrance.
3. Call the Township of Brick Plumbing Department (732-262-4627) for inspection.
4. After inspection by Brick Township Plumbing Department, call Brick Utilities for installation of the meter. A copy of the completed permit, showing inspection approval, will be required before the meter is installed.
5. It is the customer's responsibility to insure that the permit is issued, the inspection is approved, the meter is installed and that the water is not used prior to the meter being installed. Failure to comply may result in a tampering fee of \$250.00 and service will be terminated.
6. A charge for cost of the meter will be applied to the first billing. Quarterly bills for usage only will be issued at the rate of \$5.88 per 1,000 gallons for the first 18,000 thereafter; \$7.27 per 1,000 gallons.



DIMENSIONS AND NET WEIGHTS

Size	A (flay length)	B	C	Spud Ends	NPSM Thread Size	Width	Net Weight
5/8" (DN 15 mm)	7-1/2" (190 mm)	6-1/10" (155 mm)	1-3/4" (44 mm)	5/8" (15 mm)	3/4" (19 mm)	4-1/2" (114 mm)	3.1 lb. (1.4 kg)
3/4" (DN 20 mm)	7-1/2" (190 mm)	6-1/10" (155 mm)	1-3/4" (44 mm)	3/4" (20 mm)	1" (25 mm)	4-1/2" (114 mm)	3.1 lb. (1.4 kg)
3/4" (DN 20 mm)	9" (229 mm)	6-1/10" (155 mm)	1-3/4" (44 mm)	3/4" (20 mm)	1" (25 mm)	4-1/2" (114 mm)	3.2 lb. (1.5 kg)
1" (DN 25 mm)	10-3/4" (273 mm)	6-1/10" (155 mm)	1-3/4" (44 mm)	1" (25 mm)	1-1/4" (32 mm)	4-1/2" (114 mm)	3.3 lb. (1.6 kg)

SPECIFICATIONS

SERVICE	Measurement of cold water with flow in one direction only.
NORMAL OPERATING FLOW RANGE (100%±1.5% of actual throughput)	5/8" (DN 15mm) size: 0.1 to 25 gpm (0.02 m ³ /h to 5.7 m ³ /h) 3/4" (DN 20mm) size: 0.1 to 35 gpm (0.02 m ³ /h to 8.0 m ³ /h) 1" (DN 25mm) size: 0.4 to 55 gpm (0.09 m ³ /h to 12.5 m ³ /h)
LOW FLOW REGISTRATION (95%-101.5%)	5/8" (DN 15mm) size: 0.03 gpm (0.007 m ³ /h) 3/4" (DN 20mm) size: 0.03 gpm (0.007 m ³ /h) 1" (DN 25mm) size: Calculation available in 2010
MAXIMUM PRESSURE LOSS	5/8" (DN 15mm) size: Calculation available in 2010 3/4" (DN 20mm) size: 8 psi at 35 gpm (0.5 bar at 8.0 m ³ /h) 1" (DN 25mm) size: Calculation available in 2010
MAXIMUM OPERATING PRESSURE	200 psi (13.8 bar)
MEASUREMENT TECHNOLOGY	Solid state electromagnetic flow

REGISTER	Hermetically sealed, tempered glass covered 9-digit programmable electronic register AMR/AMI compatible iPERL system register programmable using the UniPro programming package iPERL systems are shipped in idle mode; they must be activated upon installation
MATERIALS	External housing – Thermal plastic Flowtube – Polyphenylene sulfide alloy Electrode – Silver/silver chloride Strainer – Synthetic polymer Register cover – Tempered soda lime glass
ALARM DEFAULTS	Alarm Duration – 90 days Leak Duration – 24 hours Datalog Interval – 1 hour Alarm Mask – All alarms reported History Mask – All event types reported

iPERL™ Water Management System

Electromagnetic Flow Measurement System

5/8" (DN 15mm), 3/4" (DN 20mm) and 1" (DN 25mm) Sizes

DESCRIPTION

MODEL: With no moving parts, the Sensus iPERL water management system is based on innovative electromagnetic flow measurement technology. The iPERL system family has an operating range of 0.03 gpm (0.007 m³/hr) @ 95% minimum to 55 gpm (12.5 m³/hr) @ 100% ± 1.5% registration of actual throughput.

CONFORMANCE TO STANDARDS: The iPERL system far exceeds the most recent revision of ANSI/AWWA Standard C-700 and C-710 for accuracy and pressure loss requirements. All iPERL systems are NSF Standard 61 Annex G compliant and tested to AWWA standards.

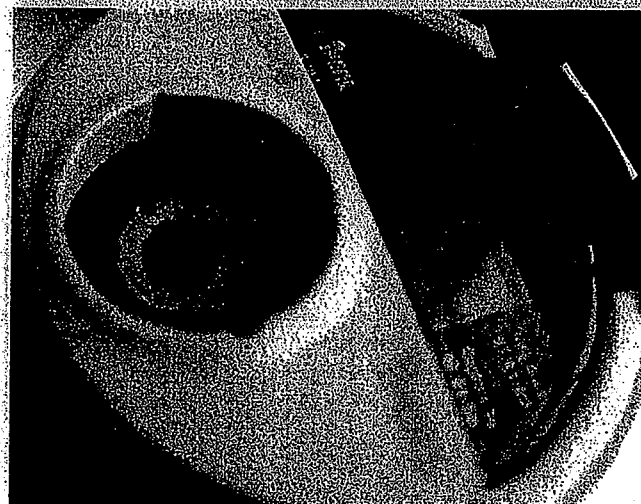
PERFORMANCE: The patented measurement technology of the iPERL system allows enhanced accuracy ranges at both low and high flows and perpetual accuracy over the life of the product as well as the full measurement range.

CONSTRUCTION: The iPERL system is an integrated unit that incorporates an electronic register and measuring device encased in an external housing. The measuring device is comprised of a polyphenylene sulfide alloy flowtube with externally-threaded spud ends. Embedded in the flowtube are magnetic flow sensors and a replaceable strainer screen. The all electronic programmable register is hermetically sealed with a tempered glass cover. The iPERL system has a 20 year life cycle, along with a 20 year battery life guarantee. At the end of this life cycle, you do not have to be concerned about repairing the iPERL system since the design is not meant to be repaired but is easily replaceable.

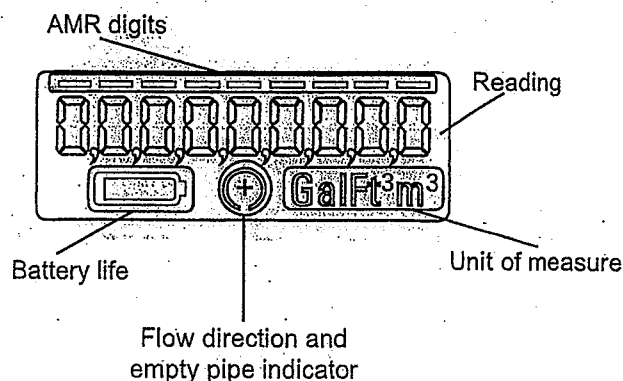
ELECTRONIC REGISTER: The high resolution 9-digit hermetically sealed electronic register with LCD display was designed to eliminate dirt, lens fogging issues and moisture contamination in pit settings with built in tamper protection. The tempered glass register cover displays readings with the AMR digits highlighted. Direction of flow and units of measure are also easily readable on the register display. The register is programmable using the UniPro programming package to display in either gallon, cubic feet or cubic meter totalization. The large, easy to read display also includes battery life and empty pipe indicators.

TAMPERPROOF FEATURES: The ingenious integrated construction of an iPERL system prevents removal of the register to obtain free water. The magnetic tamper and low field alarms will both indicate any attempt to tamper with the magnetic field of the iPERL system.

AMR/AMI SYSTEMS: iPERL systems are compatible with current Sensus AMR/AMI systems.



Electronic Register LCD Display



Copyright © 2010 Sensus.
iPERL is a trademark of Sensus USA Inc.

Technology for the iPERL system is licensed from Sentec Limited.

Ford Yoke Parts

A Complete Yoke Assembly Includes four parts:

1. Iron Yoke Piece



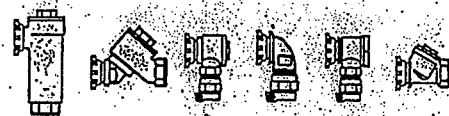
2. Expansion Connection
(for tightening meter to Yoke valves and fittings)



3. Inlet valve or coupling*



4. Outlet valve or coupling*
(except on 200 series with integral iron outlet)



***Note:** All Ells, Couplings, and Valves except Angle Ball Valves, Check Valves and Dual Check Valves can be used on either end of a yoke. Make sure you have ordered four parts for each complete yoke assembly (only 3 parts are needed for series 200 yokes).

Yoke Bars

500 Series

Yokes having removable brass end pieces.



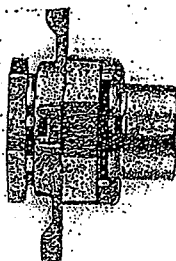
CATALOG NO.	Y502	Y504
METER SIZE	5/8" x 3/4"	1"
WEIGHT	4.2	7.2

500P Series

With Prongs for supporting the Yoke on pipe stakes when Yoke setting is connected to plastic tubing.



CATALOG NO.	Y502P	Y504P
METER SIZE	5/8" x 3/4"	1"
WEIGHT	4.7	7.5



EC-23

Expansion Connections

CATALOG NUMBER	SIZE & TYPE	METER SIZE	APPROX. WEIGHTS
EC-23	3/4" Standard	5/8" x 3/4" & 3/4"	9
EC-4	Standard	1"	1.6

Meter Dimensions

SIZE	5/8"	5/8" x 3/4"	3/4"	1"
LENGTH	7-1/2"	7-1/2"	9"	10-3/4"
THREAD SIZE	3/4" NPS	1" NPS	1" NPS	1-1/4" NPS

The Ford Meter Box Company recognizes "standard" dimensions when referring to meter size.

COPPER METER YOKES - C WITH VERTICAL INLET AND

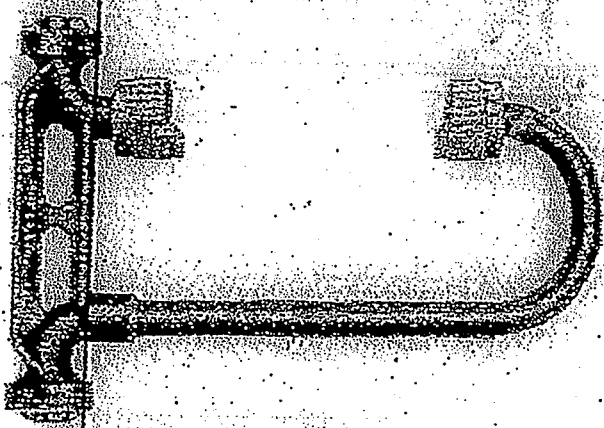
TYPE

TRA NO. 13293891/1

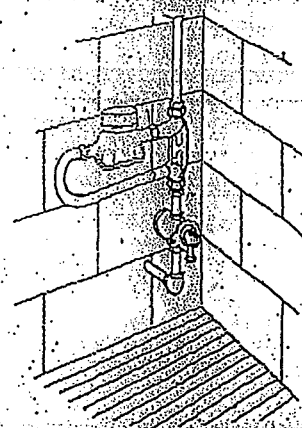
MURPHY CO.

8A.11

REV. 198



Multi-purpose thread ends
(H-1413 shown)



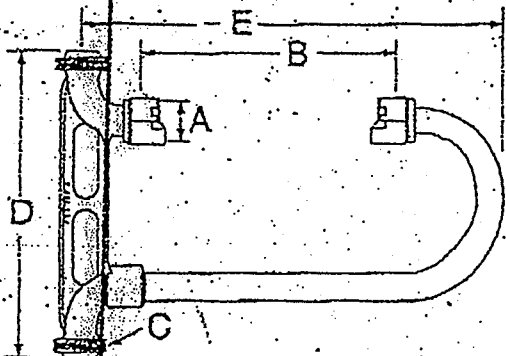
Typical installation of a corner type copper meter yoke with vertical inlet and outlet

Copper meter yokes - corner type with vertical inlet and outlet, and Multi-purpose thread ends

Catalog number	H-1413
Description	Plain yoke

OR
(McDonald)

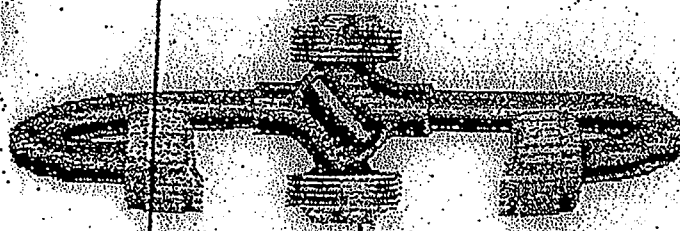
Dimensions



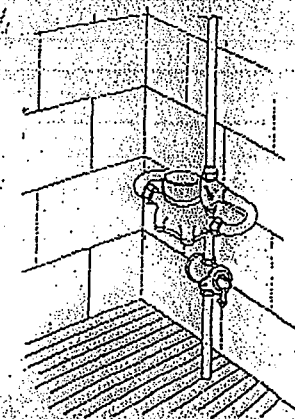
Meter size	5/8" x 3/4"
Nominal size of I.P. thread in meter out	1"
Dimension A	1-5/16"
Dimension B	7-7/8"
Dimension C - nominal pipe size of inlet and outlet	3/4"
Dimension D	8-5/16"
Dimension E	13-1/2"

Copper Meter Yokes are normally supplied less end connections. See pages 8A.41 and 8A.42 for end connections that can be used with these yokes.

BA - COPPER YOKES



Multi-purpose thread ends
 H-1412 shown

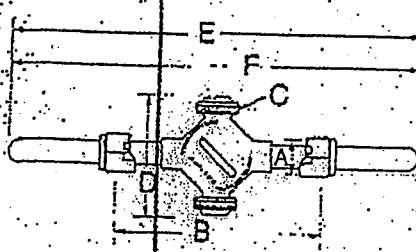


Typical installation of a basement type copper meter yoke with vertical inlet and outlet

Copper meter yokes - basement type with vertical inlet and outlet, and multi-purpose thread ends

Catalog number	H-1412	H-1420
Description	Plain yoke	Offset plain yoke

Dimensions



Meter size	5/8" x 3/4"	1"
Nominal size of I.P. thread in meter nut	1"	1-1/4"
Dimension A	1-5/16"	1-5/8"
Dimension B	7-7/8"	11-1/8"
Dimension C - nominal pipe size of inlet and outlet	1/4"	1"
Dimension D	3-11/16"	4-11/16"
Dimension E	13-3/4"	18-11/16"
Dimension F	5"	9-1/2"