

# WATER SERVICE INSTALLATION/RELOCATION PROCEDURE

## Public Works Department, Engineering Division

### 1. WATER SERVICE PLAN SUBMITTAL:

- a. Submit a water service relocation and installation plan to the Engineering Division by emailing [engineeringdiv@cityofglendora.org](mailto:engineeringdiv@cityofglendora.org). Refer to the attached Exhibit "A" (Water Service Relocation and Installation Plan-Sample). A Plan Review fee of \$240 is required at the time of submission. Additionally, please download and complete the [Fixture Count Chart WW 174 Form](#) and provide with the plan.

### 2. EXCAVATION PERMIT REQUIREMENTS FOR INSTALLATION:

- a. A Permit Application shall be submitted by a Class "A" licensed contractor. Refer to Exhibit "B" (Permit Application-Fillable). Contractor will be required to submit a copy of their State contractor's license, Business License from the City of Glendora (Exhibit "C"), and Certificate of Insurance Liability (Exhibit "D").
- b. [Permit Application](#) can be submitted by emailing [engineeringdiv@cityofglendora.org](mailto:engineeringdiv@cityofglendora.org). Upon submission, an invoice for the Excavation Permit fee will be given with instructions on how to pay the fee.
- c. Excavation Permit will be issued upon satisfactory review of application and proof of payment.
- d. Contractor shall call the City's Public Works Department at (626) 914-8246 and schedule an inspection 72 hours prior to start of work. No backfilling is allowed without approval.

### 3. TRAFFIC CONTROL PLAN, IF APPLICABLE:

- a. For Arterial and Collector streets, Traffic Control Plan submittal will be required with applicable fees. Refer attached Exhibit "F" (Traffic Control Submittal Checklist)

### 4. WATER METER INSTALLATION:

- a. Applicant shall submit a Water Service Connection Application Form (Exhibit "E") with applicable fees. Relevant line items will be highlighted.
- b. Applicant shall submit a New Water Account Opening Request, applicable only for New Development and Additional Dwelling Unit. See Exhibit – "G".
- c. Upon completion of the water service lateral installation, contact the City's Public Works Department at (626)914-8246 to schedule the water meter installation.

## Drawing requirements

1. Drawing shall be submitted to the City of Glendora Water Division. Drawing may be submitted via the Public Works counter at 116 E. Foothill Blvd. (City Hall).
2. Drawing shall be done in ink and may be done on vellum, drafting film or bond paper.
3. Drawing shall be legible and drawn to scale with Std. City format border and title block ( see sample).
4. Minimum sheet size shall be 8-1/2" x 11". Use larger size as required to adequately show work to be done.
5. Show property lines and distance from proposed meter location to property line.
6. Drawing shall include:
  - a. Project location
  - b. Project description
  - c. Street Name
  - d. Utilities
  - e. driveway
  - f. Poles, trees, etc.
  - g. sewer
  - h. curb & sidewalk
  - i. existing meter location
  - j. Proposed meter location
  - k. Trenching note
  - l. Standard 2.00 note
  - m. USA/SC note
  - n. Construction notes as required
  - o. Slopes, retaining walls
  - p. Other information as needed to adequately represent the work and site conditions.

## Submittal requirements

Submit 2 copies for plan check. After approval submit original for signature.

## Additional Information

For questions regarding service installation or relocation, contact the City of Glendora Water Division at (626) 914-8246.

See the City of Glendora "Standard Designs & Specifications", latest edition for appropriate Standard Design to specify for requested service size.

All work must be done by a Contractor with an appropriate State of California Contractors License and City Business License.

Excavation Permits will be required and shall be obtained at the Public Works counter.

Services in Fire Zone 4 require a minimum lateral size of 1'-1/2".

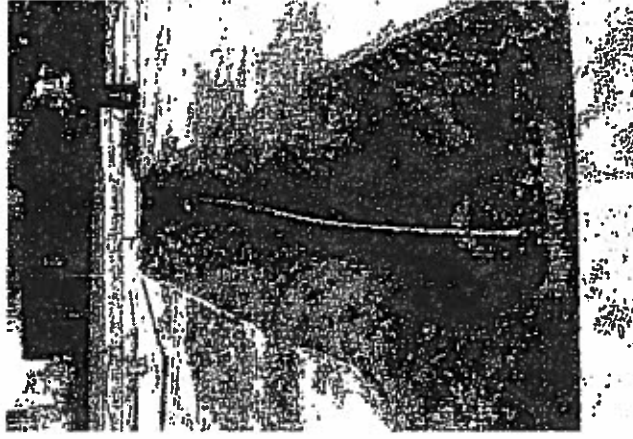
Backflow meter protection may be required, contact the City of Glendora Water Division at (626) 914-8256 for requirements.

### PLEASE NOTE:

These drawing requirements shall be used for single residential service installations or relocations. Installations required for Commercial Developments, Tracts, Parcel Maps, Apartments / Condos, etc. will require an Engineered Water Plan.

If you have questions regarding your City Water System, please contact the City of Glendora Public Works Department at (626) 914-8246.

# Drawing Submittal Requirements for Water Service Installation or Relocation



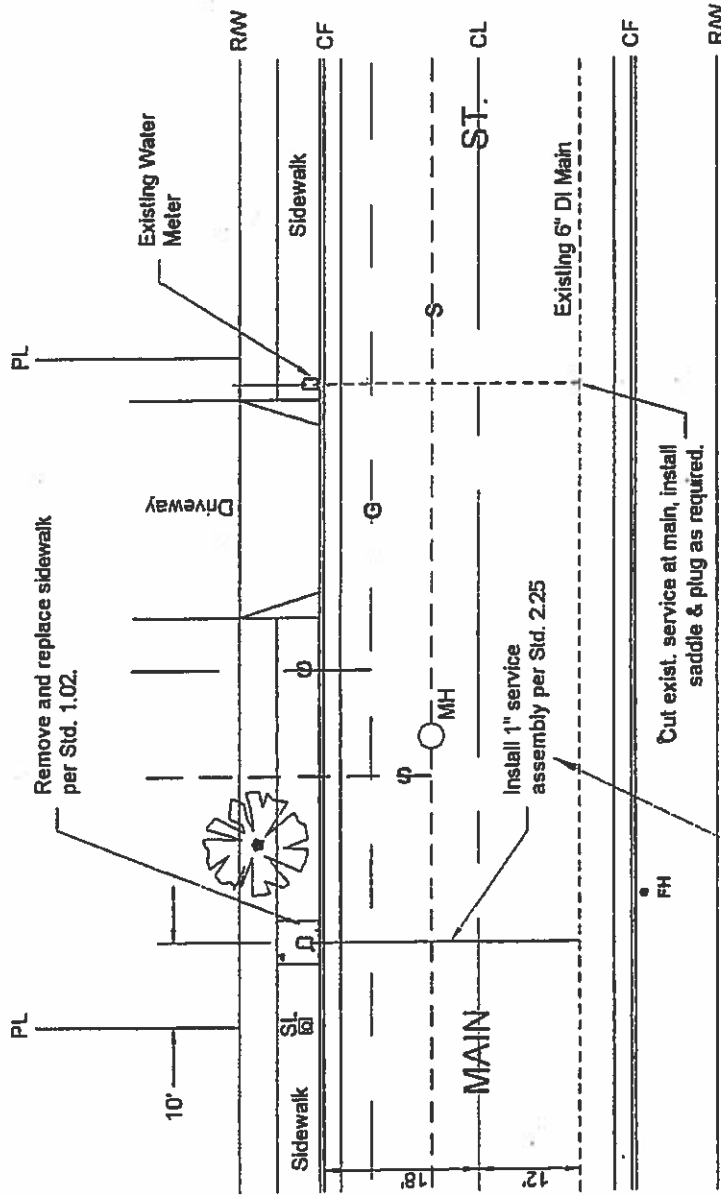
Informational brochure prepared by the  
City of Glendora  
WATER DIVISION



# Exhibit "A"-Water Service Relocation/Installation Plan

## WATER SERVICE INSTALLATION PLAN 123 E. Main Street

SAMPLE  
DRAWING



8-1/2" x 11" sheets with Title Block are available from the Water Division.

For 1-1/2" and 2" services installation shall be per Std. 2.29.

**UNDERGROUND SERVICE ALERT**  
1-800-422-4133  
Call USA / SC for underground locating  
2 working days before you dig.

Note: The Standard Notes for Water Construction (2.00) are hereby made apart of this drawing.

Note: All trenching shall be per Std. 1.11, 1.10, 2.25 and or 2.29 as required.

<p><b>AnyCo. Contractors</b> 1200 S. Main St., City, CA 91700 (800) 555-1234 (800) 555-1235</p>	<p>1" = 20' Scale</p>	<p>3/19/03 Date</p>	<p><b>John Smith</b> Drawn by</p>	<p>1 / 1 Sheet of sheets</p>	<p>Approved by: _____ Date _____</p>
PUBLIC WORKS DEPARTMENT - WATER DIVISION					

# Exhibit "B"- Permit Application Form

## CITY OF GLENDORA

## PUBLIC WORKS PLAN CHECK/PERMIT WORKSHEET



<b>Address:</b>	
<b>Description of Work:</b>	_____ _____

Owner Name:	Phone:
Address:	City: Zip:
Applicant Name:	Phone:
Address:	City: Zip:
Contractor/Eng./Arch./Designer Name:	Phone:
Address:	City: Zip:
State License No. :	License Type: Expiration Date:
Workers Comp Carrier:	Policy #: Expiration Date:

	<b>ENGINEERING PLAN CHECKS</b>
# of Plans	Description
	Delta Revision
	Delta Revision/Grading
	Drainage/SWPPP under 1 acre
	Easement Deeds
	Geotech-Soils Report
	Grading (Cut _____ Fill _____)
	Hydro-Hydraulic Report
	Sewer Area Study
	Sewer Improvement
	Signing – Striping
	Stockpile (SWPPP Req. Y/N)
	Storm Drain Improvement
	SUSMP
	SWPPP under 1 acre
	SWPPP over 1 acre
	Tract-Parcel Map
	Traffic Control
	Traffic Study
	Water/Fire Service
	Water Improvement
	Water Irrigation
	Water Serv. Install/Relocation
	Miscellaneous:

	<b>CIP PLAN CHECKS</b>
# of Plans	Description
	Building
	Public Works
	Street
	Traffic
	Water
<b>Limits:</b>	

	<b>DRIVEWAY APPROACH PERMIT</b>
#	Description
	Residential
	Commerical
	Pavers

	<b>CURB CORE PERMIT</b>
#	Description
	Curb Core(s)

	<b>CURB/GUTTER PERMIT</b>
Lin. Ft.	Description

	<b>ENCROACHMENT</b>
Type	Description
	Permanent
	Temporary Duration: _____
	Materials in Street Duration: _____
	Utilities Maintenance Duration/Date: _____
	Pole Replacement Dates: _____

	<b>EXCAVATION</b>	<i>Traffic Control Plan</i>	<i>Y/N</i>
SQ FT	Description		
	Soil		
	Asphalt		
	Concrete		
	Utility		

	<b>PAVING</b>	<i>Traffic Control Plan</i>	<i>Y/N</i>
SQ FT	Description		

	<b>POOL DRAINING</b>
DATE	Description
	Residential
	Commercial

	<b>SIDEWALK</b>
SQ FT	Description

	<b>MOVING HOUSE/BUILDING</b>
Origin	Description
Destination	Description

# CITY OF GLENDORA

## Business License Tax Certificate

"For Services Provided in the City of Glendora, California Only"



Business Name: Company  
 Business Location: Address  
 City, State, Zip Code  
 Business Owner(s): Name

Description: GENERAL CONTRACTOR

Business Type: Contractor - General (Based Out Of City)

Business License Number: # # # # #

Effective Date: October 07, 2019

Expiration Date: October 01, 2020

Business Name  
 Address  
 City, State, Zip Code

**TO BE POSTED IN A CONSPICUOUS PLACE AND NOT TRANSFERABLE OR ASSIGNABLE.**

For all inquiries regarding this license, contact HdL Business License Division at (626) 376-4678.

Company Name :

Thank you for your payment on your City of Glendora Business License. **ALL CERTIFICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST.** If you have questions concerning your business license, contact the Business Support Center via email at: Support@hdlgov.com or by telephone at: (626) 376-4678.

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate license.

SAMPLE

RECEIVED

FEB 10 2020

CITY OF GLENDORA  
 PUBLIC WORKS



BUSINESS LICENSING  
 8839 N CEDAR AVE  
 #212



## City of Glendora

### Business License Tax Certificate

Company Name  
 Address  
 City, State, Zip Code

License Number: # # # # #

Date of Issue: 10/07/2019



# Exhibit "D" - Certificate of Insurance Liability

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: West American Insurance Company	NAIC # 44393
INSURED  Company Name and Address	INSURER B: Travelers Casualty and Surety Co of Amer	31194
	INSURER C: American Fire and Casualty Company	24066
	INSURER D: Insurance Company of the West	27847
	INSURER E:	
	INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 59942509

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BKW57491951	9/27/2020	9/27/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>		BA3L701251	2/1/2021	2/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$NIL			ES 57491951	9/27/2020	9/27/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		WSD 57491951 04	1/13/2021	1/13/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Glendora and its Officials, Agents, Employees and Volunteers named Additional Insured, Insurance is Primary/Non-contributory, as respects General Liability regarding All California Operations per contract. Waiver of Subrogation applies as respects General Liability. \*30 day notice of cancellation, 10 days for nonpayment.

**CERTIFICATE HOLDER****CANCELLATION**

City of Glendora City Clerk 116 E. Foothill Blvd. Glendora CA 91741-3380	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

**Location(s) Of Covered Operations**

ANY LOCATION(S) WHEN YOU HAVE AGREED IN A WRITTEN CONTRACT, AGREEMENT OR PERMIT THAT PERSON OR ORGANIZATION BE ADDED AS AN ADDITIONAL INSURED

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

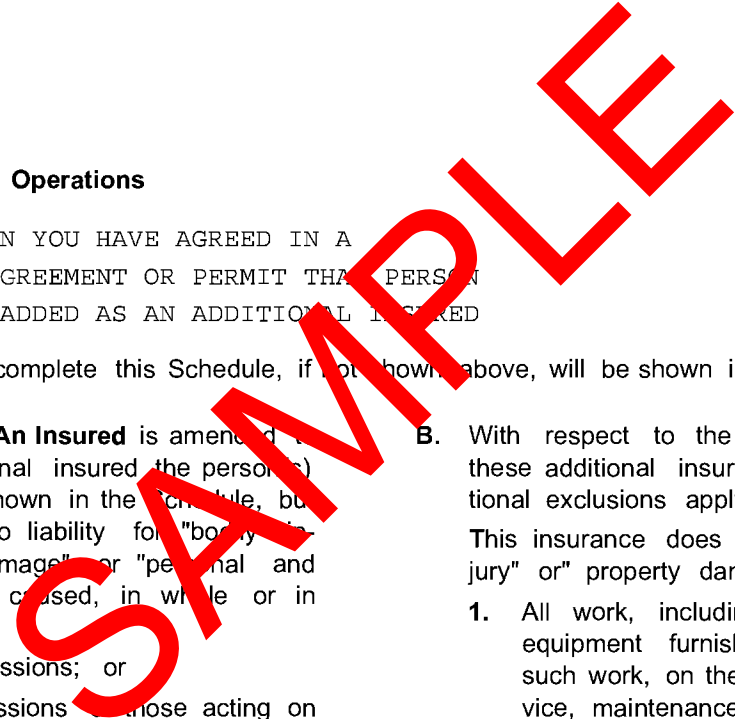
However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

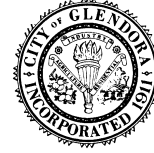


of 226  
88





**City of Glendora  
ENGINEERING DIVISION**



**TRAFFIC CONTROL PLAN  
SUBMITTAL CHECKLIST**

**TRAFFIC CONTROL PLAN GUIDELINES  
FOR WORK WITHIN PUBLIC RIGHT-OF-WAY REQUIRING A LANE CLOSURE**

**Three complete sets of plans** are required, *including but not limited to the following:*

- \_\_\_\_\_ Identify the project Number (Tract, CUP, PWCP, Etc....), Location, and permit number.
- \_\_\_\_\_ Identify the improvement the traffic control is for.
- \_\_\_\_\_ North arrow and scale 1"=40'.
- \_\_\_\_\_ Note on plans "Traffic Control Notes 1-16" per City Std. 1.18
- \_\_\_\_\_ Show all nearby streets with street names.
- \_\_\_\_\_ Show existing traffic signals and regulatory signs.
- \_\_\_\_\_ Show existing striping, pavement markings, painted crosswalks and bike lanes.
- \_\_\_\_\_ Show existing curbs, sidewalks, driveways, and intersections in the work zone.
- \_\_\_\_\_ Label all lots with business address
- \_\_\_\_\_ Indicate total roadway widths.
- \_\_\_\_\_ Indicate lane width.
- \_\_\_\_\_ Indicate posted speed limits.
- \_\_\_\_\_ Show location and dimensions of the work zone.
- \_\_\_\_\_ Show staging area and materials storage area.
- \_\_\_\_\_ Indicate locations of construction signs, barricades and delineators.
- \_\_\_\_\_ Label all taper lengths and widths, channelizing device spacing and sign spacing.
- \_\_\_\_\_ Maintain a 12 foot travel lane in each direction and maintain 5 feet from any open trench
- \_\_\_\_\_ Indicate flaggers where 12 feet in each direction is not maintained when only one lane is open



- \_\_\_\_\_ Use legend to define all generic symbols.
- \_\_\_\_\_ Show table of signs used and label each sign with CA MUTCD code.
- \_\_\_\_\_ Show all parking restriction zones and signs.
- \_\_\_\_\_ Note compliance with special requirements such as permission to close the road, change a stop sign, or detour oversize vehicles from truck routes.
- \_\_\_\_\_ Address pedestrians, bicycle, and handicap traffic through or around the work zone.
- \_\_\_\_\_ Indicate the duration of the traffic control in days.
- \_\_\_\_\_ Indicate the times of working hours per day.
- \_\_\_\_\_ Signs shall conform to the 2012 California Manual of Uniform Traffic Control Devices (MUTCD).
- \_\_\_\_\_ Plans shall be designed, stamped and signed by a Registered Civil or Traffic Engineer.
- \_\_\_\_\_ Traffic Control in place longer than 5 days may require temporary striping.
- \_\_\_\_\_ Plans shall be submitted 14 calendar days prior to commencing work. Resubmittals may be required.

**Exhibit "F" - Water Service  
Connection Application Form**

**CITY OF GLENDORA  
WATER DIVISION**

**BASIC ENGINEERING SHEET FOR SERVICE CONNECTION**

Customer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

Inside City ( ) Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Outside: ( )

Meter Installation: (Acct #: 5316567.36618)

Standard (through 2") Meter Size: \_\_\_\_\_ # of Meters: \_\_\_\_\_  
Box Size: \_\_\_\_\_ # of Boxes: \_\_\_\_\_ at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Special (over 2") Meter Size: \_\_\_\_\_ # of Meters: \_\_\_\_\_  
Box Size: \_\_\_\_\_ # of Boxes: \_\_\_\_\_ at \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Front Footage Charge \_\_\_\_\_ Linear Feet at \$ 8.00/L.F. = \$ \_\_\_\_\_  
(Acct.#: 5316567.36625)

Water Acreage Charge \_\_\_\_\_ Acres at \$4,658.50/Acre = \$ \_\_\_\_\_  
(Acct.#: 5316567.36626)

Water Service Installation \_\_\_\_\_ Feet at \$ \_\_\_\_\_ /Foot = \$ \_\_\_\_\_  
(Acct.#: 5316567.36627)

Water Service Deposit (Applied against closing bill) \$ \_\_\_\_\_  
(Acct.#: 53122512)

**TOTAL \$** \_\_\_\_\_

Installation of Pressure Regulator Recommended: YES: \_\_\_\_\_ NO: \_\_\_\_\_ (Over 80 lbs. psi)

Installation of Approved Backflow Preventer Required: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Check One:** Replacing existing Meter: \_\_\_\_\_ Adding Additional Meter: \_\_\_\_\_ New Meter: \_\_\_\_\_

City of Glendora:

**Customer/Resident:** \_\_\_\_\_

By: \_\_\_\_\_  
For City Engineer

**DISTRIBUTION: Applicant - Cashier - Public Works Files**

Acct. # \_\_\_\_\_

# Exhibit "G"- New Water Account Opening Request Form



## City Of Glendora Water Account Opening Request

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Owner (circle one)    Tenant    Agent    Other: \_\_\_\_\_    Start Date: \_\_\_\_\_

**For Owners:** Would you like to authorize the creation of a landlord trust agreement? \_\_\_\_\_

### Contact Information

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #1: \_\_\_\_\_    Home    Business    Mobile  
(Circle one)

Phone #2: \_\_\_\_\_    Home    Business    Mobile  
(Circle one)

Email Address: \_\_\_\_\_    Home    Business    Mobile  
(Circle one)

### Security Information

Social Security #: \_\_\_\_\_    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_    State: \_\_\_\_\_

### Alternate Contact Information

I Authorize the following party to have access to my account:

Name: \_\_\_\_\_

Relation to Customer: \_\_\_\_\_

For Informational Purposes Only

To Add/Change Information

(check one)

I Agree to use water service and pay therefore in accordance with the rates, rules, and regulations legally in effect by the City of Glendora. I declare under penalty of perjury under the laws of the State of California that the information that I have provided is true and accurate. I acknowledge that the provision of false information is grounds for termination of service.

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

116 E Foothill Blvd., Glendora CA 91741 · Telephone (626) 914-8239 · Facsimile (626) 852-9650