

City of Austin Water Utility Cooling Tower Sub-meter Calibration Certification

Email To: awrcs@austintexas.gov

Customer Name: _____
 Service Address: _____
 Contact Person: _____
 Contact Person Phone#: (____) _____
 Utility Account#: _____

Calibration Company: _____
 Company Representative: _____
 Company Phone#: (____) _____
 Permit #: _____

| | Meter Brand | Meter Number | Meter Size | Meter Read | Calibration Results /Comments | Date |
|-------------------------|-------------|--------------|------------|------------|-------------------------------|-------|
| Intake Mtr (make-up) | 1) _____ | _____ | _____ | _____ | _____ | _____ |
| | 2) _____ | _____ | _____ | _____ | _____ | _____ |
| | 3) _____ | _____ | _____ | _____ | _____ | _____ |
| | 4) _____ | _____ | _____ | _____ | _____ | _____ |
| | 5) _____ | _____ | _____ | _____ | _____ | _____ |

*****Digital pictures of the meter lid (with meter number clearly identified) and meter read must accompany this form*****

| | | | | | | |
|------------------------------|----------|-------|-------|-------|-------|-------|
| Discharge Mtr (blow-down) | 1) _____ | _____ | _____ | _____ | _____ | _____ |
| | 2) _____ | _____ | _____ | _____ | _____ | _____ |
| | 3) _____ | _____ | _____ | _____ | _____ | _____ |
| | 4) _____ | _____ | _____ | _____ | _____ | _____ |
| | 5) _____ | _____ | _____ | _____ | _____ | _____ |

Customer Representative (Bldg Mgr, Bldg Eng, Maint Supv, Etc.)

Calibration Company Representative

I, _____, certify that the information provided is true and correct.

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Date: _____

Date: _____

Austin Water Employee: _____
City of Austin RCS Employee use only

Date: _____