



COMMERCIAL FACILITY IRRIGATION ASSESSMENT IRRIGATION ASSESSMENT FORM

Inspection Date: _____

Utility Service Address:

Street: _____

City: _____ State: _____ Zip: _____

Name on Austin Water Service Account: _____

Austin Water Service Account Number(s) (if available):

Property Name: _____

Contact Person: _____

Title: _____

Phone: _____

Email: _____

COMMERCIAL FACILITY IRRIGATION ASSESSMENT – ASSESSMENT FORM

AW Authorized Irrigation Inspector: _____

AW Inspector Number: _____ Phone: _____

Inspector Email: _____

Meter Number(s)	Associated Backflow Device Type
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Controller Brand, Model, And Location *(number each controller on the Inspection Form)*

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

System Passed or Failed: *(Indicate in the box below) (please explain if failed)*

SUBMIT FORM TO:

Mail: Austin Water Conservation, PO Box 1088, Austin, TX 78767

Email: FacEvalSubmit@AustinTexas.gov

Fax: 512-974-3504