ID #_____

Zone _____, Due Date _____

Irrigation Assessment Form

Inspection Date: _____

Utility Service Address

Street _____

City _____ State_____ Zip_____

Name on Austin Water Utility Service Account: _____

Austin Water Utility Service Account #(s)

Property Name _____

Contact Person _____

Phone # _____ Email _____

Account Holder Mailing Address

Street:_____

City _____ State_____ Zip_____

Property Management Company_____

Contact Person _____

Phone # _____ Email _____

Continued on next page

ID #_____

Zone _____, Due Date _____

Irrigation Assessment Form (continued)

AWU Authorized Irrigation Inspector _____

AWU Inspector # _____ Phone # _____

AWU Inspector Email _____

Backflow Device Type (DCVA / RPZ / PVB / SVB): _____

Meter#(s)

1.	5.
2.	6.
3.	7.
4.	8.

Controller Brand, Model, Location (Number each controller on the Inspection Form)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

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

Submit Form to:

Email: FacEvalSubmit@AustinTexas.gov

AWU Water Conservation
P.O. Box 1088
Austin, TX 78767
Fax: 512-974-3504|Phone: 512-974-2199
www.WaterWiseAustin.org