

City of Austin Water Utility

Cooling Tower Sub-meter Calibration Certification

Email To: AWEvapLoss@austintexas.gov

(please send electronically, no hardcopies)

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: _____