

Apartment Water Management Company . WATER SURVEY

Name of Complex: _____ Year Built: _____

Owner of Complex: _____

Address of Complex: _____

Name of other Complex's owned: _____

Number of units in Complex: _____ How many floors in Complex: _____

Elevator? Yes No

Have there been any bathroom retrofits since C.O.? Yes No

Number of each in Complex: Bathrooms _____ Toilets _____ Showers _____ Sinks _____

Current Toilets Gallons Per Flush (GPF): _____

Current Shower Heads Gallons Per Minute (GPM): _____

Current Aerators Gallons Per Minute (GPM): _____

Are toilets round or elongated? Round Elongated Toilet Color _____

Are the sewer pipes underground Cast Iron or PVC? Cast Iron PVC

Are there chronic sewer backup problems? Yes No

Is there a Swimming Pool and/or Lawn Sprinkler System in the Complex? SP LSS

Are they metered separately? Yes No

Is the entire building metered separately? Yes No

Current Occupancy Rate: _____ %

Are individual clothes washers used? Yes No

Is RUBS used? Yes No

Unit Mix _____

Name of Billing Authority: _____

Please attach copies of all Water and Sewer Bills for last three (3) months.

Name of contact person: _____

Telephone number: _____

E-mail address: _____ Date: _____