

# 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: \_\_\_\_\_