

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:_____