

Water Use Survey (Interior)

Audit Date: _____



Address: _____ Phone: _____

Name: _____ Service Area: Marina Fort Ord

Single Family Multi Family Commercial Industrial Institutional Mixed

Number bathrooms: 1 1 1/2 2 2 1/2 Other _____

TYPE OF FIXTURE	# FIXTURES				OTHER QUANTITY / BRAND / COMMENTS
	1	2	3	Other	
UHET Toilet (1.1 gpf or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brand: _____
HE Toilet (1.28 gpf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brand: _____
LF Toilet (1.6 gpf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brand: _____
Other Toilet (over 1.6 gpf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brand: _____
Bath Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water-Free Urinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathtub w/ Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bathtub wo/ Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shower Stall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kitchen Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utility Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bar Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HE Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Older Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot Water Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fountain / Water Feature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outdoor Pool / Hot Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

DO NOT WRITE IN THIS SECTION – FOR MCWD USE ONLY

# Showerheads provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
# Aerators provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Meter Number: _____ Meter Reading: _____ Leak?: Yes No



Water Use Survey Continued

OUTDOOR USE

Front Yard

Do you have established landscaping? Yes No Existing, yet abandoned

Automatic irrigation timer? Yes No

Lawn? No Yes _____ square feet

Lawn Irrigation type: Handwatered Sprinklers Other please specify: _____

Shrubs? No Yes _____ square feet

Shrubs Irrigation type: Handwatered Sprinklers Other please specify: _____

Describe Landscape: _____

Existing Watering Schedule: (example: waters 3x a week, 10 min per irrigation event)

Back Yard

Do you have established landscaping? Yes No Existing, yet abandoned

Automatic irrigation timer? Yes No

Lawn? No Yes _____ square feet

Lawn Irrigation type: Handwatered Sprinklers Other please specify: _____

Shrubs? No Yes _____ square feet

Shrubs Irrigation type: Handwatered Sprinklers Other please specify: _____

Describe Landscape: _____

Existing Watering Schedule: (example: waters 3x a week, 10 min per irrigation event)