

CITY OF LIVE OAK
Landscape and Irrigation Water Use Survey

General Information:

Permit Number: _____

Owner Name: _____

Contact Person: _____ Contact Phone: _____

User Type (check one): Residential Golf/Sports Field Industrial/Commercial/Institutional

Other: _____

Method of measurement:

(check one) Irrigation Meter Well Meter System Pressure

Landscape and Irrigation Water-Use Inventory
Irrigation System

Type: Hose Sprinkler Drip

Location: In-Ground Aboveground No. of Valves: _____

Irrigation Controller: Manual Automatic Rain shut off valve? Yes No

Frequency of Use: Avg. no. days per week: _____ Avg. no. minutes per irrigation cycle: _____

Irrigation Time: Mornings Evening From _____ a.m./p.m. To _____ a.m./p.m.

Irrigation months
(Circle all that apply): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Irrigation water use/cycle (gal): Initial Meter reading: _____ Ending Meter Reading: _____
Total Cycle water Use: _____

Irrigation water use/time (gal): Avg. Day: _____ Avg. Week: _____ Avg. Month: _____ Avg. Year: _____ gal

Irrigation water use (%): Turf: _____% Plant beds/garden: _____% Leaks: _____% Other _____%

Irrigation runoff: Yes No
If yes, describe: _____

Leaks: Yes No
If yes, describe: _____

Controller schedule reset: Weekly Monthly Seasonal Yearly Never

Controller schedule set by: Homeowner/Site Manager Maintenance Contractor

Landscape Area

Total Lot size (sq. ft.): _____ Lot area irrigated (sq.ft.): _____ Lot area irrigated (%): _____

Irrigated area that is turf (sq. ft.): _____ Irrigated area that is non-turf (sq. ft.): _____

Landscape and Irrigation Water Use Survey (Continued)
(Attachment to Ind.-4, Ind.-5 and Ind.-6)

Turf Grass and Plants

Grass Type: _____ Cool Season Warm Season Mix: Cool (%): _____ Warm (%): _____

Irrigated non-turf area (describe):

Grass mow height: _____ inches Number of Watering Zones/Valves: _____

Are zones separated by plant/turf watering needs? Yes No

Soil

Soil Type: Clay Loam Sandy Loam Mix (describe): _____

Condition: Nutrient Level: Good Poor

Compaction: Light Medium Heavy Sufficient mulch around plants? Yes No

CITY OF LIVE OAK

Residential (Indoor) Water Survey

AUDIT COMPLETED BY (NAME)

DATE:

GENERAL INFORMATION

Customer/Account Name:

Account No.

Address:

Telephone No.:

Email address:

Type of dwelling (check one): Single-family detached Single-family other Multi-family Other

Meter (check one): Separate Master Age of dwelling (years):

No. of occupants: Adults

Children

Total No. Occupants

No. Months dwelling occupied per year

INDOOR RESIDENTIAL WATER-USE INVENTORY

Item (Describe for each)	No. 1	No. 2	No. 3	No. 4	No. 5
TOILETS					
Gallons per flush (gpf)					
Year toilet installed					
Retrofit device installed? (yes/no, bag/dam)					
Year retrofit device installed					
Leak detected? (yes/no, test/other)					
Leak source (flapper, ballcock, overflow tube, other)					
Leak repaired? (yes/no, describe)					
SHOWERS					
Gallons per minute (gpm), full flow/typical flow					
Retrofit device installed? (yes/no, year)					
Leak detected at showerhead? (yes/no)					
Leak detected at tub diverter? (yes/no)					
Leak repaired? (yes/no, provided-describe)					
FAUCETS					
Gallons per minute (gpm), full flow/typical flow					
<i>Bathroom/Lavatory</i>					
<i>Kitchen</i>					
Retrofit device installed? (yes/no, year)					
<i>Bathroom/Lavatory</i>					
<i>Kitchen</i>					
Garbage disposal present? (yes/no)					
Leak detected? (yes/no)					
<i>Bathroom/Lavatory</i>					
<i>Kitchen</i>					
Leak repaired? (yes/no, provided-describe)					

