

STATE FACILITY WATER AUDIT

A separate form is required for each facility

AGENCY: _____

FACILITY: _____

FACILITY INFORMATION:

Name: _____

Address: _____

Ownership:

State Owned: Yes No

If No- Name and Address of Owner _____

Type of usage:

Water Is Used For: Potable

(check all that apply) Sanitation

Laboratory

Food Processing

Equipment Maintenance

Cooling

Irrigation/Landscape

Process

Other

Number of Employees at This Facility: Full Time _____

Part Time _____

Visitors _____

Is Facility on Public Water: Yes No

If No Give Source of Water _____

Is Incoming Water Metered Yes No

Who is Responsible for Water Bill Payment _____

If Facility Incoming Water Is Metered:

Total Water Used During Calendar Year 2000 _____ gallons

Average Daily Water Use (Total/365) _____ gallons/day

Estimating Facility Water Use

Determining Where and How Much Water was Being Used during Calendar Year 2000

Potable/Sanitation	Number	X	Application Rate (gallons)	X	Usage Frequency	=	Total Gallons Per Day
Water Fountains		X		X		=	
Sinks		X		X		=	
Showers		X		X		=	
Toilets		X		X		=	
Urinal		X		X		=	
Other		X		X		=	

Laboratory

Sinks		X		X		=	
Washing		X		X		=	
Other		X		X		=	

Food Preparation

Sinks		X		X		=	
Dish Washer		X		X		=	
Ice Maker		X		X		=	
Other		X		X		=	

Maintenance

Vehicle.Equip.Wash		X		/		=	
Building & Floors		X		/		=	
Other		X		/		=	

Landscape Areas Acreage

Lawns		X		X		=	
Shrubs		X		X		=	
Crops		X		X		=	
Ornamental Fountains		X		X		=	
Other		X		X		=	

Cooling

Yearly Total

Ice Chiller				/		=	
Evap. Cooling				/		=	
Other				/		=	

Process Water

Crops							
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Product Manufacturing

Other							
Explain							

TOTAL ESTIMATED FACILITY WATER USE*	_____	GAL/DAY
TOTAL METERED WATER USE (from page 1)	_____	GAL/DAY

*Both of the above totals should agree. Variations in estimated metered water use may be due to inaccurate metering, or inaccurate estimates of use. This is the facility baseline water use.