

**ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

Property Address:		Zip Code:
Contact Name:	Phone Number: (     )	
Mailing Address:		
City:	State:	Zip Code:
Email:		

<b>Type of Auxiliary Water on site</b> <i>(check all that apply):</i>		
<input type="checkbox"/> Condensate	<input type="checkbox"/> Gray Water	<input type="checkbox"/> Ground Water
<input type="checkbox"/> Lake/River	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Rainwater
<input type="checkbox"/> Re-Irrigation	<input type="checkbox"/> Spray Aerobic (OSSF)	<input type="checkbox"/> Well
<input type="checkbox"/> Other (please describe): _____		

<b>Usage</b> <i>(check all that apply):</i>			
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Toilet/Urinal Flushing
<input type="checkbox"/> Trap Primer	<input type="checkbox"/> Process Water	<input type="checkbox"/> Water Feature	
<input type="checkbox"/> Other (please describe): _____			

<b>Distribution Method</b> <i>(check one):</i>	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pumped
<b>Does the Auxiliary Water enter the building?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is potable water used for makeup?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Description of Work:</b> _____
_____
_____

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



## FOR OFFICE USE ONLY

Received by:

Date:

Entered by:

Date:

Status: ☐ Approved ☐ Rejected ☐ Withdrawn

Notes: \_\_\_\_\_

Forward this report to:

City of Austin  
Special Services Division  
3907 South Industrial Drive, Ste. 100  
Austin, TX 78744-1070

Office Hours: 8:00 am - 3:30 pm  
Phone # (512) 972-1060  
Fax # (512) 972-1260

[www.austintexas.gov/departments/special-services-water-protection](http://www.austintexas.gov/departments/special-services-water-protection)

