

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Auxiliary Water System Location:

Street Address: _____

Type of Auxiliary Water on site (check all that apply):

- ☐ Condensate ☐ Gray Water ☐ Lake/River
☐ Rainwater ☐ Reclaimed
☐ Other (please describe): _____

Usage (check all that apply):

- ☐ Car Wash ☐ Cooling Tower ☐ Irrigation ☐ Process Water
☐ Toilet/Urinal Flushing ☐ Trap Primer ☐ Water Feature
☐ Other (please describe): _____

Storage Capacity (if applicable): _____ gallons

Distribution Method: ☐ Gravity ☐ Pumped

Does the Auxiliary Water enter the building? ☐ Yes ☐ No

Is potable water used for makeup? ☐ Yes ☐ No

Owner Information:

Owner Name: _____ Phone Number: (____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

I hereby submit this registration form to the City of Austin for the auxiliary water system(s) described herein to be used for the purpose indicated above, and I certify that I am the property owner or an Authorized Agent of the owner and that each and all the statements herein are true and correct.

Owner Print Name or Authorized Agent*

Date

Owner Signature or Authorized Agent* (*Notarized Proof of Authorization Required)





AUXILIARY WATER SYSTEM REGISTRATION

WATER SYSTEM ID# 2270001

State of Texas, County of _____. SWORN TO AND SUBSCRIBED before me by the said owner or agent on this the _____ day of _____ 20_____.

Notary Public, State of Texas

My commission expires: _____

FOR OFFICE USE ONLY

Received by:

Date:

Entered by:

Date:

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/department/special-services-water-protection

