



**CITY OF AUSTIN
APPLICATION FOR ADJUSTMENTS TO WASTEWATER BILLINGS
FOR EVAPORATIVE LOSS FROM WATER COOLING TOWERS**

Owner Name: _____ Customer Account Name: _____

Service Address: _____

Utility Account Number (Cooling Tower): _____

Utility Account Number (Irrigation System): _____

TERMS OF APPLICATION FOR EVAPORATIVE LOSS ADJUSTMENTS

Pursuant to City Ordinance #950126-C, there is a nonrefundable application and processing fee of \$187.50 effective until 9-30-2017 applicable only to the premises located at the service address applied for.

Bill my City of Austin Utility Account _____

Describe the processes or operation conducted on the premises:

Submitted with this application are 1 (one) electronic copy on CD in Microsoft format viewable and 3 (three) sets of water and drainage diagrams of the proposed submeters and backflow prevention device(s) installations. The diagrams shall describe:

- a) the location of the cooling tower(s).
- b) the location of the city's water meter(s) serving the cooling tower. The size, type, design, number, location of existing or proposed backflow prevention devices.
- c) The size, type, design, number, location and configuration of the intake and discharge submeters and appurtenances.
- d) The readout and data transmittal equipment and appurtenances (if any).

On behalf of _____ (company/customer name), I acknowledge that a plumbing permit must be obtained from the Planning and Development Review Department before installing the cooling tower submeters and/or backflow prevention device(s).

I also acknowledge that monthly sub-meter readings must be submitted to the Consumer Service Division before the close of business on the meter read date specified by the City of Austin in order to receive the evaporative loss adjustments on my monthly wastewater billings and that failure to do this will result in wastewater billings based on the water consumption as recorded by the City's water meter(s).

As _____ (title) with _____ (company/customer name), I am authorized to make this application for evaporative loss adjustments and bind the owner and/or this company to the terms of this application and Ordinance #950126-C and affirm that the information I have provided is correct. I further authorize the evaporative loss application fee be billed to this City of Austin utility account.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

FOR: _____ (company/customer name) PHONE: _____

THIS PORTION TO BE COMPLETED BY CONSUMER SERVICES:

APPLICATION RECEIVED BY: _____ DATE: _____