

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 water well(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

Phone # (512) 972-1060
Fax # (512) 972-1260

www.austintexas.gov/department/special-services-water-protection

