

**City of Lakewood Department of Water Resources
Residential Water Audit Checklist**

Name _____		Telephone _____	
Address _____	Own Home <input type="checkbox"/>	Rent Home <input type="checkbox"/>	
_____		Last Water Bill _____	Hcf _____
Review Billing History with Customer Comment _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Instruction on Reading Water Bill _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Instruction on Reading Water Meter Comment _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Leaks

Shut Off All Water on Premises for 15 minutes to check for leaks.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comment _____			
Current Read (Including Sweep Hand) Comment _____			
If movement of sweep hand occurs close the house valve. Any apparent movement of sweep hand on water to determine if leak is internal of external.			
	INTERNAL <input type="checkbox"/>	EXTERNAL <input type="checkbox"/>	
Comment _____			
Meter Read after 15 minutes			
Any apparent movement of sweep hand on water meter?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comment _____			

OUTSIDE WATER USE

Hardscape

Swimming Pool		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Swimming Pool Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Pool Temperature _____		
Spa		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Spa Cover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Spa Temperature _____		
Fountain		YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Recirculating Water	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comment _____			

Landscape

Turf	Type _____	
	% of Property _____	
	Height of Turf _____	
	Moisture of Turf _____	

	Aerated or Dethatched	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	Date of Last Aeration or Dethatching	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Trees and Shrubs	Type	_____			
	Number on Property	_____			
	Size	Small	_____	Medium	_____
		Large	_____		
	Mulch at Base of Shrubs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Flowering Plants	Type	_____			
	Number on Property	_____			
	Moisture Around Plants	WET	<input type="checkbox"/>	DRY	<input type="checkbox"/>
	Mulch at Base of Plants	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comment	_____				

Landscape Maintenance

Irrigation Practices					
Automatic Water System	Manual System	<input type="checkbox"/>	Automatic System	<input type="checkbox"/>	
Checked Irrigation Timers	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Watering Frequency	_____				
Time of Day Watering Occurs	_____				
Length of Watering Time	_____				
Volume of Sprinkler Heads	_____				
Number of Sprinkler Heads	_____				
Checked for Over Spray	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Comment	_____				
Checked for Broken Sprinkler Heads	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Comment	_____				
Lo Flow Sprinkler Heads	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Comment	_____				
Drip Irrigation System	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Comment	_____				
	Watering Frequency	_____			
	Time of Day Watering Occurs	_____			
	Size of Emitters	_____			
Moisture Sensing System	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Comment	_____				

INDOOR WATER USE

	Kitchen			
Faucet Flow Restrictor	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Dishwasher	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Dishwasher with Short Cycle	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Water Filtering System	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Garbage Disposal	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comments	_____			

Laundry

Washing Machine with Short Cycle	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Water Softener	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments		

Bathroom

Toilet				
Checked for Leaks	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Use per Flush	7-5 gals. <input type="checkbox"/>		3.5 gals. <input type="checkbox"/>	1.3 gals. <input type="checkbox"/>
Faucet Flow Restrictor	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Bathtub				

	Normal Fill	<u>Gallons</u>		
Shower				
Water Conserving Flow Restrictor	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Bidet	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
	Water Used per Use	<u>Gallons</u>		
Comment	<hr/>			