

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

Name _____ Telephone _____

Address _____ Own Home Rent Home

_____ Last Water Bill _____ Hcf

Review Billing History with Customer YES NO
Comment _____

Instruction on Reading Water Bill YES NO

Instruction on Reading Water Meter YES NO
Comment _____

Leaks

Shut Off All Water on Premises for 15 minutes to check for leaks. YES NO

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 EXTERNAL

Comment _____

Meter Read after 15 minutes _____

Any apparent movement of sweep hand on water meter? YES NO

Comment _____

OUTSIDE WATER USE

Hardscape

Swimming Pool YES NO

Swimming Pool Cover YES NO

Pool Temperature _____

Spa YES NO

Spa Cover YES NO

Spa Temperature _____

Fountain YES NO

Recirculating Water YES NO

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	_____		
Flowering Plants	Mulch at Base of Shrubs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	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/>			