



### Water Inventory Questionnaire

Name of Facility : \_\_\_\_\_.

Address : \_\_\_\_\_ . City: \_\_\_\_\_ . State : \_\_\_\_ . Zip : \_\_\_\_\_.

Contact: \_\_\_\_\_ . Title: \_\_\_\_\_.

Phone # \_\_\_\_\_ . Fax # \_\_\_\_\_.

**In order for ZADO L.L.C. to complete an accurate water consumption analysis and study, please complete the following questions as accurately as possible:**

Number of Tenants/Occupants \_\_\_\_\_

Number of Employees FT \_\_\_\_\_ PT \_\_\_\_\_

Occupancy Rate \_\_\_\_\_

The Number of buildings \_\_\_\_\_

Number of Visitors \_\_\_\_\_ (Avg. / Day)

#### Facility Count:

Number of Tank Toilets: \_\_\_\_\_

Number of Hand Held Showers: \_\_\_\_\_

Number 1.6 Tank Toilets: \_\_\_\_\_

Number of Hoppers: \_\_\_\_\_

Number of Flushometers: \_\_\_\_\_

Number of Kitchen Sinks: \_\_\_\_\_

Number of Urinals: \_\_\_\_\_

Number of Bathroom Sinks: \_\_\_\_\_

Number of Showers: \_\_\_\_\_

Number of Janitorial Sinks: \_\_\_\_\_

#### Water Usage (Circle yes or no)

Outside Sprinkler System Yes / No Sub Metered Out Side Irrigation Yes / No Water Heated By: Gas /

Electric: \_\_\_\_\_

Utility Name: \_\_\_\_\_

#### Checklist: Please supply this information:

\_\_\_\_\_ Copy of 3 Year Water/Sewer Bills.

Number of laundry's : Commons: \_\_\_\_\_ / Per Apartments : \_\_\_\_\_

\_\_\_\_\_ List any information that you feel would help us to better audit your water consumption.

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**Fixture Questions:**

Brand Name:

Toilets\_\_\_\_\_ . Model Number\_\_\_\_\_ . Sinks

\_\_\_\_\_ Hand Held (Wand) Showers: yes/no Qty\_\_\_\_\_ % of 1.6 gallon

toilets\_\_\_\_\_

**Photos:** \_\_\_\_\_