

Water Leak/Meter Survey Form

Date: _____

LRWA Energy Technician's Name: _____

Dear Decision Maker :

Below in the necessary information for LRWA to provided the requested water meter bench survey or leak detection survey on the system. Please compete this form in its entirety and have it available for me when I arrive to conduct this survey. This information **is necessary** for me to conduct the survey; I need this information **before** I can perform the survey. If the information is unavailable upon my arrival this will be just cause to reschedule the survey. If you have any questions regarding this form, please contact me through the LRWA office at 800-256-2591.

PRINT ALL INFORMATION

System Name: _____

Contact Person: _____ Title: _____

Address: _____ City: _____ Zip _____

Parish _____ Phone #:(_____) _____ Or _____

Total system population: _____

Does system have Master Meter (Yes or No): _____

Are customers Metered (Yes or No): _____ If so number of meters: _____

Approximately how many gallons are:

(A) Produced per month: _____

(B) Sold per month: _____

(C) Accounted for water loss (flushing, Fire dept., maintenance) _____

What is the average utility bill for the water system per month: \$ _____ (Please use at least six months of electrical bills to figure the average.)

Average Kwh's per month: _____ (Please use at least six months of electrical bills to figure the average.)

Approximate treatment cost per month: \$ _____

Total numbers of motors: _____

Total horsepower: _____

Total hours per day pumps run (Average): _____

Total gallons per minute pumped: _____

Note: Please use additional piece of paper to describe your system include your treatment process, plant, include sizes, approximate age of system, number of wells with gpm, tanks with type and storage capacity, etc.