



CITY OF AUSTIN
APPLICATION FOR ADJUSTMENTS TO WASTEWATER BILLINGS
FOR EVAPORATIVE LOSS FROM WATER COOLING TOWERS



Email the complete Application Packet (REFERENCE PAGE 2) to: AWEvapLoss@austintexas.gov

ACCOUNT INFORMATION

Owner Name: _____ Customer Account Name: _____

Primary Contact Name/Title: _____

Phone #: _____ Email: _____

Secondary Contact Name/Title: _____

Phone #: _____ Email: _____

Service Address: _____

Mailing Address: _____

City of Austin Utility Account Number (Cooling Tower)*: _____

City of Austin Utility Account Number (Irrigation System): _____

Makeup Meter # _____ Makeup Meter # _____ Makeup Meter # _____

Manufacturer and Model of Makeup Meters: _____

Blowdown Meter # _____ Blowdown Meter # _____ Blowdown Meter # _____

Manufacturer and Model of Blowdown Meters: _____

*****Application Fee will be applied per Fee Schedule for Evaporative Loss Credit Application and Processing Fee. *****

TERMS OF APPLICATION FOR EVAPORATIVE LOSS ADJUSTMENTS

Pursuant to Utility Service Regulation 15-9-241, there is a nonrefundable application and processing fee, in the amount noted in the current Austin Rates and Fees Schedule, applicable only to the premises located at the service address noted in this application.

Describe the processes or operation conducted on the premises:

APPLICATION PACKET REQUIREMENTS

Submit a complete application packet as outlined below. Please visit the website for additional information and links to referenced documents (<http://www.austintexas.gov/department/cooling-tower-evaporative-loss>).

- (1) Application for Adjustments to Wastewater Billings for Evaporative Loss from Water Cooling Towers: must be completed in entirety, signed, and dated.
- (2) Plans: entails 1 (one) electronic copy (viewable format for Windows OS) of water and drainage plans of the proposed sub-meters and backflow prevention device(s) installations. Plans will be reviewed by the Utility Development Services (UDS; 512-974-8228) engineering team who may assist with preliminary questions on plan requirements (website: UDS Plan Review). The plans shall describe:
 - a. the location of the cooling tower(s).
 - b. the location of the city’s water meter(s) serving the cooling tower. The size, type, design, number, location of existing or proposed backflow prevention devices.
 - c. The size, type, design, number, location & configuration of appurtenances, intake and discharge submeters.
 - d. The readout and data transmittal equipment and appurtenances (if any).
- (3) Calibration Certification: all private meters (makeup and blowdown) must be calibrated and tested annually by one of the two Companies Authorized for Submeter Calibration Testing (website). The following items must be submitted with the application and plans:
 - a. Submeter Calibration Testing Form (website)
 - b. Photos of the meter dial (to confirm read) and meter lid (to confirm meter number) for all private meters.

AUTHORIZATION

On behalf of _____ (company/customer name), I acknowledge that the cooling tower must be registered with Water Conservation (<http://www.austintexas.gov/page/cooling-towers>) and cooling tower submeters and/or backflow prevention device(s) installed according to code and utility regulations. (For additional information, email: watercon@austintexas.gov)

I also acknowledge that monthly sub-meter readings must be submitted to the Austin Water Customer Service Division before the close of business on the meter read date specified by the City of Austin in order to receive the evaporative loss adjustments on my monthly wastewater billings and that failure to do this will result in wastewater billings based on the water consumption as recorded by the City’s water meter(s).

As _____ (title) with _____ (Owner or Customer Name), I am authorized to make this application for evaporative loss adjustments and bind the owner and/or this company to the terms of this application and Utility Service Regulation 15-9-241 and affirm that the information I have provided is correct. I further authorize the evaporative loss application fee be billed to this City of Austin utility account.

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

FOR (Customer Name): _____

THIS PORTION TO BE COMPLETED BY RETAIL CUSTOMER SERVICES:

APPLICATION RECEIVED BY: _____ DATE: _____