

Field Survey Form for Walk Through Fixtures and Appliances

Date:

Water Meter Type: _____
 Sitename: _____
 Address: _____
 Datalogger ID: _____
 Square footage of home: _____
 Year the home was built: _____
 Rent / Own: _____

Do you live at this location year round or seasonally? _____

Do you expect to stil be living at this location in 3 years? _____

How many people currently live in your household including yourself? _____

What are the ages of the people living in your house? _____

Is your house part of a HOA?

Is your water supply connected to a well, or do you own any water rights?

Do you have an outdoor lawn on the property? _____

How is your lawn watered? (e.g. sprinklers, hand-held hose, etc) _____

Do you have an automatic sprinkler system with a timer?

Do you have any remodeling planned in the next three years, that would modify your appliances or fixtures?

[illegible]

*Run each fixture/appliance for a complete cycle. Repeat as necessary to characterize the signature of the device. Record as much details as possible in the note area (e.g brand, model, capacity).