



Polk Regional Water Cooperative

PRWCwater.org



Outdoor Water Conservation Programs: Landscape and Irrigation Evaluation

Contact: **Jennifer West**
City of Auburndale Utilities
P.O. Box 186
Auburndale, FL 33823

Email: JWest@AuburndaleFL.com
Phone: (863) 837-5112

Account Information: Please print clearly

Utility _____
Utility Billing Account Number _____

Applicant Information: Please print clearly

Last Name _____ First _____ M.I. _____
Street Address _____ Apartment # _____ City _____
State _____ Zip _____ Phone _____ E-Mail _____
Mailing Address (if different from above) _____
Relationship to property (owner, tenant, etc.) _____

Building Information: Please select

Single Family: HOA? Yes / No HOA Common Area
 Multi-Family/Apt (# of Units _____) Other (Explain): _____
 Commercial
Subdivision _____ Gate Access Code _____

Landscape and Irrigation System Information

You MUST have a working automatic sprinkler system with a time clock to participate in this program.

Water source used for in-ground sprinkler system: Metered Potable Water Reclaimed Water
How many time clocks do you have? One More than one
How many zones? _____

Do you have an operating rain sensor or soil moisture shut-off? Yes No Not sure
If you do not have an operating automatic shut-off on your automatic irrigation system, a rain sensor will be installed for you per Florida Statute 373.62 at NO CHARGE TO YOU as part of this program.
Please check "OK" to continue.
 OK

Please indicate total acreage of the maintained property:
 1/4 acre (7,501 to 12,500 sq. ft.)
 1/2 acre (12,501 to 30,000 sq. ft.)
 1 acre (30,001 to 50,000 sq. ft.)
 Greater than 1, up to 5 acres

Please indicate percent of landscape which is lawn:
 Less than 25%
 26% - 50%
 51%-75%
 76% - 100%

City of Auburndale Landscape and Irrigation Evaluation Application Form *This program only applies to City of Auburndale Utilities water customers utilizing reclaimed or potable water for their operable in-ground irrigation/sprinkler system. Participation in this program is free to City of Auburndale customers.*

Simple steps to participate:

1. Complete all items on this application form. You may print out, sign and return to the address below or submit via email

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2. The contractor will contact you to arrange an appointment to perform an evaluation of your irrigation system. You will need to provide access to your property and your sprinkler system's time clock.

If possible, your presence, or your designated representative's presence during the evaluation is requested.

What you can expect during the Landscape and Irrigation Evaluation

1. The contractor will check your irrigation timer for proper programming and run times, and correct where necessary.
2. The contractor will check your irrigation system for leaks, broken heads, coverage, and water used per irrigation cycle.
3. The contractor will review appropriate plant placement and irrigation zones.

What you can expect from participating in the Landscape and Irrigation Evaluation Program

1. A written **report** on the findings at your location to you and to Polk County Utilities.
2. A water conservation **kit** including water-saving devices and useful literature.
3. Significant **savings** on your water bill if all recommendations are followed.

What is expected from you in the Landscape and Irrigation Evaluation Program

1. The irrigation system must be operable and have water supply available for use.
2. The application form must be completed fully.
3. The Landscape and Irrigation System evaluator shall be granted access to the property, including the time clock.
4. Participant or adult representative must be present during the evaluation.
5. Participant must agree to installation of a rain sensor or replacement of any inoperable rain sensor per Florida State Statute
6. Irrigation system evaluators will evaluate the system and plantings but are not authorized to make modifications other than rain sensor installations.
7. Any costs incurred in making recommended modifications will be at the participant's expense.
8. The participant shall agree to participate in a follow-up evaluation regarding the suggested modifications, scheduled approximately 6 months after the evaluation.
9. The participant agrees to complete and return a satisfaction survey after the evaluation.

BY SUBMITTING THIS APPLICATION, I AGREE THAT I HAVE READ AND WILL ABIDE BY THE PROGRAM GUIDELINES AS OUTLINED HEREIN. IN ADDITION, I CERTIFY THAT MY ENTIRE IRRIGATION SYSTEM IS IN GOOD OPERATING CONDITION. IN THE EVENT MY IRRIGATION SYSTEM IS INOPERABLE AT THE TIME OF THE SCHEDULED EVALUATION, I UNDERSTAND THAT I MAY BE CHARGED BY THE CONTRACTOR FOR THEIR TIME AND MILEAGE COSTS, AND THAT I WILL BE INELIGIBLE TO RECEIVE THE REQUESTED EVALUATION AND CONSERVATION KIT.

I FURTHER UNDERSTAND THAT MY WATER CONSUMPTION INFORMATION WILL BE INCLUDED IN THE FINAL PROJECT REPORT FOR THIS PROJECT TO THE SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT.

CUSTOMER AGREES THAT IN ORDER TO PARTICIPATE IN THIS PROGRAM, THE CONTRACTOR SHALL HAVE THE RIGHT TO ENTER THE PROPERTY OF THE WATER CUSTOMER, AFTER CONTACT WITH THE CUSTOMER OR REPRESENTATIVE, FOR THE PURPOSE OF PERFORMING DUTIES RELATED TO THIS LANDSCAPE AND IRRIGATION EVALUATION PROGRAM.

Signature of Applicant _____ Date _____

Complete, sign, and date this page. Incomplete applications will be denied and returned
By submitting this form, I affirm that I am the legal property owner, water account holder,

or contracted property manager for this address.

For Official Use Only

Reservation # _____

Application: ____ Approved ____ Denied

Reviewed by _____

Reason for Denial: _____

Date of Follow-up Inspection _____ Approved ____ Denied ____

Total cost \$ _____ **Utility cost \$** _____ **District cost \$** _____

Date to Accounting _____

ACCOUNTING: Check No. _____ Payment date _____

Location Code: _____