



INSTRUCTIONS FOR SUBMITTING A LANDSCAPE IRRIGATION ADJUSTMENT FORM

1. COMPLETELY FILL OUT THE FORM (INCOMPLETE FORMS WILL NOT BE ACCEPTED).
2. THE FORM MUST BE RECEIVED NO LATER THAN THREE MONTHS AFTER THE BILLING DATE FOR WHICH THE REQUEST IS BEING SUBMITTED.
3. THE FORM MUST BE ACCOMPANIED BY A WORK ORDER/INVOICE FOR THE REPAIR **AND** A COPY OF A WEEKLY TRACKING SHEET FOR THE BILLING PERIOD FOR WHICH THE REQUEST IS BEING MADE. TRACKING SHEETS (HARD COPY AND SOFTWARE VERSIONS) ARE AVAILABLE AT:
<http://www.irwd.com/alwayswatersmart/landscape/tools.html>
4. ONLY ADJUSTMENT REQUESTS FOR MAINLINE BREAKS/LEAKS WILL BE CONSIDERED.
5. IF APPROVED, THE MAXIMUM AMOUNT OF CCFS ADJUSTED WILL NOT EXCEED THE FLOW RATE FOR THE METER SIZE AT 24 HOURS.
6. FOR RECYCLED WATER LOSS EXCEEDING 50,000 GALLONS (68 CCF) THE CUSTOMER MAY BE REQUIRED TO SHOW PROOF THAT THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD, SANTA ANA REGION HAS BEEN PROPERLY NOTIFIED.

ADJUSTMENT REQUESTS ARE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. IRWD IS NOT RESPONSIBLE FOR MISDIRECTED FORMS.

CONTACT JUAN GARCIA AT 949-453-5437 OR GARCIAJ@IRWD.COM



LANDSCAPE IRRIGATION ADJUSTMENT REQUEST FORM

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

METER NUMBER: _____

METER SIZE: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

BILLING PERIOD: from _____ to _____

REQUESTED ADJUSTMENT AMOUNT (min. 10 CCF): _____ CCF

DOES THIS SERVICE HAVE ANY OF THE FOLLOWING?

MASTER VALVE? _____ PRESSURE REGULATOR? _____

FLOW SENSOR? _____

BRIEFLY DESCRIBE THE NATURE AND LOCATION OF THE MAINLINE BREAK/LEAK: _____

SUBMIT THIS FORM ALONG WITH A WORK ORDER OR INVOICE FOR THE REPAIR AND A WEEKLY TRACKING SHEET FOR THE BILLING PERIOD FOR WHICH THE ADJUSTMENT IS BEING REQUESTED

MAIL OR FAX FORM AND REQUIRED DOCUMENTS TO:

IRVINE RANCH WATER DISTRICT
ATTENTION: WATER EFFICIENCY DEPARTMENT – LANDSCAPE
15600 SAND CANYON AVENUE, IRVINE, CA 92616

EMAIL: GARCIAJ@IRWD.COM

FAX: (949) 453-0228

FOR IRWD USE ONLY

APPROVED _____ INITIAL _____ CCF TO BE ADJUSTED _____ BILLING PERIOD ____/____

NOT APPROVED _____ INITIAL _____ STILL IN PENALTY _____ RECEIVED TOO LATE _____

OTHER _____