



Auxiliary Water System Permit Application

Special Services Division 3907 South Industrial Drive, Suite 100, Austin, TX 78744

(512) 972-1060 www.austintexas.gov/department/special-services-division

AWUCrossConnection@austintexas.gov

Property Address:		Zip Code:
Contact Name:	Phone Number: ()	
Mailing Address:		
City:	State:	Zip Code:
Email:		

Type of Auxiliary Water on site (check all that apply):		
<input type="checkbox"/> Condensate	<input type="checkbox"/> Gray Water	<input type="checkbox"/> Ground Water
<input type="checkbox"/> Lake/River	<input type="checkbox"/> Reclaimed	<input type="checkbox"/> Rainwater
<input type="checkbox"/> Re-Irrigation	<input type="checkbox"/> Spray Aerobic (OSSF)	<input type="checkbox"/> Well
<input type="checkbox"/> Other (please describe): _____		

Usage (check all that apply):			
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Cooling Tower	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Toilet/Urinal Flushing
<input type="checkbox"/> Trap Primer	<input type="checkbox"/> Process Water	<input type="checkbox"/> Water Feature	
<input type="checkbox"/> Other (please describe): _____			

Distribution Method (check one):	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pumped
Does the Auxiliary Water enter the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is potable water used for makeup?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description of Work: _____

Print Name: _____

Date: _____

FOR OFFICE USE ONLY	
Received by:	Date:
Entered by:	Date:
Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Withdrawn
Notes: _____	

