



# Application for Certification of a Water Managed Site

E 1665 (R2024-05)

This application must be completed by a Certified Landscape Irrigation Auditor (CLIA)

Site Type (select <b>all</b> categories that apply) <input type="checkbox"/> Park <input type="checkbox"/> Green Space <input type="checkbox"/> Sports Field <input type="checkbox"/> Playground <input type="checkbox"/> Commercial / Industrial / Institutional <input type="checkbox"/> Residential lot <input type="checkbox"/> Golf Course		Applying for Tier 1 or 2 Tier 1 <input checked="" type="checkbox"/> Tier 2 <input checked="" type="checkbox"/>		Application Date (YYYY-MM-DD)
Name of Registered Owner of Property				Phone Number of Property Owner
Address of Property				
ENMAX Account Number	Name on ENMAX Account	Meter ID Number(s) and reading (m3) today _____ _____ _____		
Totalizer installed and initial reading <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Initial read (include units)</b>				
Smart Controller Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Smart Controller Manufacturer	Smart Controller Model Number		
Rain Switch Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Rain Switch Manufacturer	Rain Switch Model Number		
Weather Station Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Weather Station Manufacturer	Weather Station Model Number		
Flow/Leak Sensor Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Flow/Leak Sensor Manufacturer	Flow/Leak Sensor Model Number		
Electronic Irrigation Master Valve Installed <input type="checkbox"/> Yes <input type="checkbox"/> No	Master Valve Manufacturer	Master Valve Model Number		
Moisture Sensor <input type="checkbox"/> Yes <input type="checkbox"/> No	Moisture Sensor Manufacturer	Moisture Sensor Model Number		
Cross Connection Control Assembly Installed and Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	Serial Number	Date Last Tested		
	Serial Number	Date Last Tested		
	Serial Number	Date Last Tested		

### Certified Landscape Irrigation Auditor

Name of Certified Landscape Irrigation Auditor		CLIA certification date (YYYY-MM-DD)
CLIA Phone	CLIA Email	

Save and submit this completed form to: [WaterManagedSites@calgary.ca](mailto:WaterManagedSites@calgary.ca)

The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(c) and used solely for the administration and evaluation of the Water Managed Sites Program. Participants may be contacted and sites may be inspected/evaluated for accuracy of information. If you have any questions about the collection and use of this information, please contact [WaterManagedSites@calgary.ca](mailto:WaterManagedSites@calgary.ca).

### For Office Use Only

Application Approved for <input type="checkbox"/> Tier One Certification <input type="checkbox"/> Tier Two Certification <input type="checkbox"/> Site Not Certified	Application reviewed by
<input type="checkbox"/> Audit documentation submitted <input type="checkbox"/> Irrigation System Assessment submitted <input type="checkbox"/> Performance Report submitted	