

**COUNTY OF SAN LUIS OBISPO
LOS OSOS WATER CONSERVATION PROGRAM
WATER SAVER COMPLIANCE VERIFICATION FORM**

Date: _____

Address: _____

APN: _____

Owner: _____

Resident: _____

Bathroom #1

Notes

Existing Toilet **Yes/No** gpf _____
(≥1.6 gpf for compliance) Circle one

Existing Showerhead **Yes/No** gpm _____
(≥2.0gpm for compliance) Circle one

Faucet Aerators **Yes/No** gpm _____
(≥1.5gpm for compliance) Circle one

Bathroom #2

Notes

Existing Toilet **Yes/No** gpf _____
(≥1.6 gpf for compliance) Circle one

Existing Showerhead **Yes/No** gpm _____
(≥2.0gpm for compliance) Circle one

Faucet Aerators **Yes/No** gpm _____
(≥1.5gpm for compliance) Circle one

Additional Bathrooms

Other/Notes

I certify that all water fixtures at this residence are water saver compliant.

Plumber/Inspector: _____ Certification/License Number: _____

_____ Signature: _____ Date: _____

(attach receipt)