



ADVANCED ATHLETIC FIELD IRRIGATION VARIANCE REQUEST

Entity Name:	
Entity Mailing Address:	
Entity Contact Person/Responsible Party:	
Phone Number:	
Email Address:	

SAWS ACCOUNT NUMBER FOR FIELD IRRIGATION METER *					
Requested Field Address:					
Type of Field:	FOOTBALL	SOCCER	BASEBALL	SOFTBALL	TRACK

(COMPLETE ONE FORM PER FIELD)

Irrigation Checkup Completed?	YES	NO
Irrigation Checkup Date:		
Checkup Completed By:		

**** PROOF OF COMPLETED IRRIGATION CHECKUP REQUIRED BEFORE VARIANCE CAN BE APPROVED ****

*** PLEASE PROVIDE THE SAWS WATER ACCOUNT FOR EACH FIELD-ATTACH EXTRA FORMS OR A SPREADSHEET IF NEEDED**

PRECIPITATION RATE <u>REQUIRED</u> (IN/HR):	
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(Target Application is ONE INCH per zone, per week)

Proposed Watering Days:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Football/Soccer/Track eligible for 3 days per week		-----	Baseball/Softball eligible for 2 days per week	
Cycle Start Time(s):					
Type of Zones (Rotor, Spray, Drip, etc):					
Number of Zones:					
Runtime Per Zone:					

All Drought Stage and Water Waste Rules Apply
<ul style="list-style-type: none"> No sprinkler irrigation allowed on weekends Athletic field sprinkler irrigation allowed 12am-10am and 8pm-11:59pm on designated day(s) No water allowed in parking lots, on sidewalks or street Rain Sensor <u>Required</u>, Freeze and Wind Sensor Recommended

A separate spreadsheet containing the **SAWS account numbers** and irrigation schedule/specs for multiple locations/fields may be attached to this application.

Signature:		Date:	
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Submit Applications:
Mail:
 SAWS Conservation
 P.O. Box 2449
 San Antonio, Texas 78298-2449
 ATTN: Athletic Variance Request
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