



Application for Certification of a Water Managed Site

E 1665 (R2026-03)

Important: This PDF was designed to be filled in with Adobe Acrobat Reader only. If you are experiencing issues filling out this form, click here for help with your settings.

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

Site Type (select all 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 <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2	Application Date (YYYY-MM-DD) Phone Number of Property Owner
Name of Registered Owner of Property		Property Owner Email Address	
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 Initial read (include units)			
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

The personal information collected through this form is collected under the authority of section 4(c) of the Protection of Privacy Act for the purpose of administering and evaluating the Water Managed Sites Program. Participants may be contacted and sites may be inspected/evaluated for accuracy of information. For questions about this collection of personal information, please email 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	