HERSH2O Inspection Checklist

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| --- | --- | --- | --- |
| **Site Information** | | | |
| Builder Name: | | | |
| Lot Number/Street Address/Unit Number: | | | |
| City, State, Zip: | | | |
| Date: | | | |
| Time Started: | Time Completed: | | |
| **Sampling Protocol Information** | | **Yes** | **No** |
| Is this home being sampled and inspected as part of a sampling protocol for multiple homes in a planned community or subdivision? | |  |  |
| Were the first seven homes in this planned community, or subdivision all directly inspected and certified? | |  |  |
| Was this home randomly selected for sampling from a group of seven homes that are scheduled for completion within 30 days of one another? (Provide additional  information as indicated below for the homes cove†red by this sampling protocol.) | |  |  |
| Notes | | | |
| **Inspection Information** | | | |
| By affixing my signature below, I do hereby declare that I have inspected the home in accordance with the HERSH2O Guidelines and will provide, if requested, the necessary supporting documents. | | | |
| Inspector Name: | Company: | | |
| Signature: | Date: | | |

† Document required (Req.) to be provided by the builder

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| **Item** | **Section** | **Home Criteria** | **Yes** | **No** | **NI** | **Doc** |
| **Indoor Water Efficiency Criteria** | | | | | |  |
| Leaks | 1 | Leaks detected from pressure-loss test on all water supplies? |  |  |  |  |
| Visible leaks from hot water delivery system? |  |  |  |  |
| Visible leaks from tank type toilets from dye test? |  |  |  |  |
| Visible leaks from bathroom faucets? |  |  |  |  |
| Visible leaks from kitchen faucets? |  |  |  |  |
| Visible leaks from showerheads? |  |  |  |  |
| Visible leaks from other fixtures or appliances? |  |  |  |  |
| Checked meter with all systems off for system leak? |  |  |  |  |
| Service Pressure | 2 | Pressure tank installed and set ≤ 60 psi OR |  |  |  |  |
| Pressure Regulating Valve installed upstream of fixtures and pressure test ≤ 60 psi OR |  |  |  |  |
| Written  documentation from water supplier that pressure ≤ 60 psi OR |  |  |  |  |
|  |  | On-site static pressure test: ­­­­­\_\_\_\_\_ psi |  |  |  |  |
| Hot Water | 3 | Is there a hot water recirculation system present?  If so, what type: |  |  |  |  |
| Hot water pipe insulation present? If so, list the R-value: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Standard system pipe length? \_\_\_\_\_ ft. |  |  |  |  |
| Recirculation pump watts? \_\_\_\_\_\_\_ watts |  |  |  |  |
| Recirculation system loop length? \_\_\_\_\_ft. |  |  |  |  |
| Recirculation system branch length? \_\_\_\_\_ft. |  |  |  |  |
| Drain water heat recovery (DWHR) system installed? |  |  |  |  |
| Does DWHR system have more than one shower connected? |  |  |  |  |
| Toilet | 4.1 | Flush volume Marker\* |  |  |  | Req. |
|  | 4.1.1 | Single Flush Flush Rate\*\* gpf |  |  |  | Req. |
|  | 4.1.2 | Dual Flush Flush Rate\*\* gpf |  |  |  | Req. |
|  |  | Non-water consuming toilet |  |  |  |  |
| Bathroom sink faucet | 4.2 | Flow Rate Marker\* gpm |  |  |  | Req. |
| Kitchen sink faucet | 4.3 | Flow Rate Marker\* gpm |  |  |  | Req. |
| Showerhead\*\*\* | 4.4 | Flow Rate Marker\* gpm |  |  |  | Req. |
|  |  |  |  |  |
| Dishwasher | 4.5 | Check for documentation of Water Factor |  |  |  | Req. |
| Clothes washer | 4.6 | Check for documentation of Water Factor |  |  |  | Req. |
| Water softener | 4.7 | Certified to NSF/ANSI Standard 44, including if available voluntary efficiency rated claim (stamped on data plate or indicated in the product manual) |  |  |  | Req. |
|  | 4.7.1 | Verify water hardness of area or conduct test |  |  |  | Req. |
| ***Notes on Indoor Water Efficiency Criteria***  \*if the flush volume or flow rate marker is not available a flush volume or flow rate measurement test is required  \*\*average flush rate of all toilets in gallons per flush  \*\*\*Refer to the document: *Inspection and Verification Guidance for HERSH2O* for additional guidance where more than one showerhead is installed in a shower compartment  Refer to the document: *Inspection and Verification Guidance for HERSH2O* for additional guidance*.* | | | | | | |

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| **Item** |  | **Home or Unit Criteria** | **Yes** | **No** | **NI** | **Doc** |
| **Outdoor Water Efficiency Criteria** | | | | | | |
| Landscape design | 5.0 | Front yard landscaped |  |  |  |  |
| All improved upon areas landscaped |  |  |  |  |
| Temporary landscape installed |  |  |  |  |
| 5.0 | Measure Irrigated area |  |  |  |  |
| 5.0 | Measure landscapable area not yet landscaped |  |  |  | Req. |
| Lot area (ft2) |  |  |  | Req. |
| Pools/spas | 5.0 | Is there a swimming pool? |  |  |  |  |
|  | 5.0 | Is there a spa/hot tub? |  |  |  |  |
| Irrigation system | 5.1 | Automatic irrigation system? |  |  |  |  |
|  | 5.2 | Smart Controller (i.e. weather-based irrigation controllers or approved soil moisture sensor-based  controller) |  |  |  | Req. |
|  | 5.3 | Inspection by Certified Professional? |  |  |  |  |
|  | 5.4 | Optional- Sum of total irrigation system flow rates for those wanting RICI credits |  |  |  |  |
| ***Notes on Outdoor Water Efficiency Criteria***  Refer to the document: *Inspection and Verification Guidance for HERSH2O* for additional guidance*.* | | | | | | |