

Water Irrigation System Evaluation

Date: _____
 Name: _____
 Address: _____
 City, State, Zip-code: _____



Controller Brand: _____
 Static Pressure: _____

Evaluation Start Time: _____
 Evaluation End Time: _____

Backflow Device: Yes _____ No _____
 Testable Backflow: Yes _____ No _____
 Properly Installed: Yes _____ No _____

Rain Sensor: Yes _____ No _____

Zones	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Shade																
Run Time																
# of Cycles/Day																
# of Days/Week																
Program Assignment																
Start Time																
AM/PM																
Sprays in Turf																
Sprays in Beds																
Rotor																
Stream Rotor																
Drip																
Bubbler																
Mixed Manufacturers																
Broken Sprinkler																
Broken Nozzle																
Low Head Drainage																
Poor Head Layout																
Adjust Nozzles																
Heads Not Aligned																
Raise Heads																
Lower Heads																
Under Pressure																
Over Pressure																
Run Off																
Puddling																
Obstructions																
Overspray																
Needs Hydrozoning																
Leak in Main																
Leak in Lateral																
Exposed Pipe																
Exposed Wire																

Changed Controller: Yes _____ No _____

Property Owner's Signature: _____