

Annual Irrigation System Inspection and Maintenance Report

Submit one form for each controller.

YEAR _____ Date(s) of Annual Inspection: _____

Irrigation Company _____

Irrigation Professional _____

Email _____ Phone _____

Business/Community Name _____

Address _____

City _____ Zip code _____

Contact Name (Property Owner/HOA/Management Company):

Phone _____ Email _____

System Information

Water Source: City Water/Utility Well Reclaimed Lake/Water Body Unknown

Controller Brand & Model: _____ Controller Status: On Auto Off/Unplugged Broken/Needs Replacing

Rainfall Shut-Off Device: Functioning Missing Broken Rainfall Shut Off Device Set to Active at Controller : Yes No

Number of Programs Running* _____ Number of Irrigation Days* _____ Irrigation Days Correct (or fewer than restrictions)* Yes No

**Ensure only one program running and irrigation days comply with restrictions in place at the time of the diagnostic. Recommend turning system/zones off and only running as needed.*

Immediate Water Conservation Actions: # Programs Reduced _____ # Irrigation Days Reduced _____ Zone Times Reduced: Yes No

- I certify that an annual inspection has been completed and annual documentation has been submitted to Alachua County in accordance with Section 77.63 (f), Alachua County Code.
- Broken pipes or leaking emitters have been repaired using equivalent or higher efficiency components.
- Irrigation schedule for trees and shrubs has been adjusted appropriately for water needs (including capping when no longer required or reducing zone times to zero).
- Bubblers are adjusted for current water needs and positioned away from the base of trees/shrubs to supply water to the entire root ball (or turned off when no longer required)

Signature

Print Name and Position (Owner, Agent/Representative, Management Company, etc.)

Zone #	Location	Current Run Time	New Run time	Zone Type	# Emitters (when mixed, # of each)	Pressure or Flow Issues	# Heads adjusted	# Major leaks (serious water loss)	# Minor leaks (emitter leaks etc.)	# Heads that need replacement	# Heads to be capped	Water Conservation Recommendations/Notes (If no adjustments are warranted write none)
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
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