

Irrigation System Checklist

Name _____ Date ____/____/____

Address _____ Phone () _____ - _____

YES NO

LAYOUT

1. Are turf and shrub beds on separate irrigation zones? YES NO
2. Are rotors and spray heads on separate irrigation zones? YES NO
3. Are turf and plant areas that require irrigation receiving it? YES NO

APPROPRIATE TIMER SETTINGS

1. Are rotor zones set for 45-60 minutes or less? YES NO
2. Are spray zones set for 15-20 minutes or less? YES NO
3. Are multiple start times or a "cycle and soak" function used for all zones? YES NO
4. Does the timer use a seasonal adjustment feature for run times? YES NO

RAIN SHUT-OFF DEVICE

Is there a properly installed and functioning rain shut-off device present? YES NO

- Device type: rain sensor / soil moisture sensor/ other _____
- Device location _____

DESIGNATED OPERATING TIMES

Is the irrigation system operating during designated times? YES NO

Allowed days _____ Allowed hours _____

MATCHED SPRINKLERS

1. Are the sprinklers covering at least 80% of the distance to the next sprinkler? YES NO
2. Are the flow rates matched to the area covered? YES NO

INTERFERENCE

Are spray patterns free from interference caused by vegetation or other objects? YES NO

APPLICATION OUTSIDE LANDSCAPE

Is all the water applied within the landscape area (does not extend to non-irrigation areas such as driveways, sidewalks, etc.)? YES NO

MAINTENANCE

1. Are sprinklers undamaged? YES NO
2. Are sprinklers unclogged? YES NO
3. Are sprinklers protected from hazards? YES NO
4. Are there leaks in pipes? YES NO
5. Are rotors and spray heads in an upright position? YES NO
6. Are all rotors and spray heads from the same manufacturer? YES NO

TURF AND PLANTS

1. Do turf and plants appear healthy? YES NO
2. Do landscape beds contain plant materials? YES NO
3. Is the property landscaped with drought tolerant turf? YES NO
4. Is mulch being used in landscape beds? YES NO
5. Are low volume emitters being used for bed irrigation? YES NO