Landscape Irrigation System Consultation Form

Utility Customer Information

Utility Customer Name: ____________________________________ Date of Consultation: ________________

Service Address: ___________________________________________________________________________

Account #: __________________ Phone: __________________ Email: ____________________________

☐ Residential Property  ☐ Commercial Property  ☐ Owner  ☐ Renter

☐ System Utilizes Potable Water  ☐ System Utilized Reclaimed Water (purple pipe)

*Applicants must have an existing water utility account in good standing. Applicant contact information must
match customer account information for account number. **By signing this consultation form I authorize the
irrigation system consultant to make any needed adjustments to the irrigation systems' programming.**

Signature: __________________________________________ Date: ______________________________

State Licensed Irrigator Information

Irrigation Consultants Name: __________________________ State License Number: _________________

Company Name: __________________________ Company Address: ____________________________

Phone Number: __________________________ Email: ____________________________

Signature: ________________________________ Date: _________________

Irrigation System Controller Information

Irrigation System Installer or Maintenance Contract: ________________________________

Irrigation System Controller Manufacturer: __________________ Model: ______________________

Was Date and Time Correct on Initial Assessment?  ☐ YES  ☐ NO  If No, reprogram to correct
date/time.

Watering Days: (Ensure watering days match current City watering restriction stage):

_____________________________________________________________________________________

Irrigation Start Time(s): __________________________

Irrigation Duration Per Zone: __________________________

Is a rain/freeze sensor installed and operational  ☐ YES  ☐ NO

Are soil moisture sensors installed and operational  ☐ YES  ☐ NO
Spray Head Information

Number and Type of Spray Heads: ______________________________________________________

If mixed devices are used describe below (rotor, spray, multi-stream, drip, etc.) ______________________

Are spray heads functioning properly: ______________________________________________________

Are spray heads operating for their programmed duration: ________________________________

Are any spray heads not hitting the intended target: ________________________________

Are irrigated areas being duplicated during operation of system: __________________________

Are over pressured zones identified: ______________________________________________________

Are under-pressured zones identified: ______________________________________________________

*If under-pressurized heads are located, evaluate for leak within the system.

Findings During System Evaluation:

Recommendations for Repair or Efficiency Improvements:

General Consultation Procedure

Please note controller settings upon initial inspection of unit. Note days and times for irrigation setting prior to making any adjustments. This information will help with our outreach and education efforts related to proper irrigation system programing. Obtain applicant signature authorizing consultant to make changes to irrigation programming prior to any adjustment to the system. Note overall irrigation system function and evaluate number, type, and duration of spray heads per zone. Please note turf grass species and sun exposure (full sun or full shade) for each zone. Provide findings and recommendations in the appropriate sections.