

Irrigation Inspection Form (Commercial Only)



A certified landscape irrigation auditor shall conduct an irrigation audit inspection. Please return completed form to City of Allen/Community Services, 305 Century Parkway Allen, Texas 75013. For questions call 214-509-4500.

Property Information:

Name of Property: _____

Address of Property: _____

Water utility account number: _____

Responsible Party (Person with decision making authority regarding property):

Name: _____

Address: _____

Phone number: _____ Email: _____

Information of person conducting irrigation system inspection:

Name: _____

Address: _____

Phone number: _____ TX LI # _____

Email: _____

*Certified Irrigation auditor with: ____ Texas A&M ____ Irrigation Association

**** A copy of certification document from either Texas A&M or the Irrigation Association must be on file. If this is your first time to perform an audit, enclose one copy with this form. If licensed irrigator is found to be falsifying information, a report will be made to TCEQ.***

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Meter Size: _____ Meter Number: _____ Irrigation Only? YES NO

Controller Information* (brand, model):

Cross Connection Control device (brand, type, size): _____

Rain/ Freeze Sensor Brand: _____ Working? YES NO

TOTAL Number of zones: _____ Irrigation schedule (# of days per week) _____

Type of irrigation heads on controller (all that apply): Spray Rotor Bubblers Other: _____

System Analysis: All sunken, clogged, misaligned, broken, blocked, or otherwise problem heads have been corrected to maximize efficiency **before** this system analysis was performed. All zones are in most efficient working order and a zone was chosen that most represents the irrigation coverage of 60% of the property turfgrass area. Pressure reading was performed on at least one irrigation head in the zone. An IA method catch-can test was performed to determine PR and DU and results are recorded below.

Representative Zone information:

Soil Type: _____ Plant Type(s): _____

Zone # _____ Type of irrigation heads: Spray Rotor Number of heads: _____

Number of start times for zone: _____ Minutes programmed _____

Actual Pressure reading (on irrigation head) _____ psi

Precipitation Rate (PR): _____ Inches per Hour

Distribution Uniformity (DULQ): _____

Signature of Certified Irrigation Auditor: _____ (include copy of certificate from either Texas A&M or Irrigation Association if not on file)

Date: _____

***If property has more than one controller, use additional form for each controller. A minimum of one zone per controller must be audited.**