



IRRIGATION INSPECTION FORM

Please return completed form to address listed on the bottom of page.

Property Information:

Name of Property: _____

Address of Property: _____

Allen, Texas Zip: _____ Water utility account number: _____

Responsible Party (Person with decision making authority regarding property)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Email: _____

Information of person conducting irrigation system inspection:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ 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.

City of Allen Irrigation Inspection Form - Page 2

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 day program (circle all days) M T W Th F S Su

Type of irrigation on controller (all that apply): Spray Rotor Bubblers Drip

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. *(Do not audit drip zones)*

Representative Zone information:

Soil Type: _____ Plant Type(s): -----

Zone # _____ Type of irrigation heads (circle one): Spray Rotor Number of heads: _____

Nozzle type (specialty nozzle?): -----

Number of start times for zone: _____ Minutes programmed _____

Actual Pressure reading (on irrigation head) _____ psi

Precipitation Rate (PR): _____ Inches per Hour

Distribution Uniformity (DU₁₀): -----

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.**