Irrigation System Analysis Form

Clear Form

Inspection Date		Controller #/Name	
Property Name / DBA		Controller Location	
Meter Number		Rain Sensor	Yes
Assigned Watering Day - Sprays	(check) Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐	Flow Sensor	Yes
Watering Days / Drip Bubbler	(check) Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐	Master Valve	Yes

Zone	Peak Season Schedule		Critical Maintenance Issues					Compliance Action
	Zone Type	Total Weekly Run Time	Leak Main / Lateral / Valve	Broken Head	Overspray	High Pressure	Runoff	Repairs Made / Zone Capped
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	S - Spray R - Rotor MP - Multistream D - Drip B - Bubbler							

Representative Zone	Zone #	GPM	Tot. Weekly Run Time	Tot. Gallons	Number of Zones	Tot. Gal. / Zone Type	Notes
Spray				0		0	
Rotor				0		0	
Multi-Stream Rotor				0		0	
Drip				0		0	
Bubbler				0		0	
Peak Month Estimated Total Gallons Per Week						**0**	
Peak Month Estimated Total Gallons Per Month						**0**	