Irrigation System Assessment Checklist

Location: _____ Evaluator: _____
Address: _____ Telephone: _____
Contact Person: _____ Date: _____
Telephone: _____ Time Spent: _____

1) Controller:_____ Location:_____ Manufacturer:_____
Model:_____ Date Code:_____ Controller off, meter running? YES NO Faults:_____
# of Stations:_____ # of Programs:_____ ( ) 2-Wire ( ) Conventional ( ) Smart

2) Backflow Preventor: YES NO Backflow Pressure:_____ Points of Connection:_____
Manufacturer _____ Model: _____ Size: _____ CAGE: YES NO

3) Pump: YES NO Max Capacity:_____ **4)** Water Type _____

5) Soil Moisture Sensor: YES NO Station#: ____ **6)** Master Valve: YES NO **7)** Isolation Valve Present: YES NO

8) Rainfall Sensor: YES NO **9)** Flow Sensor: YES NO

10) Acid Injection: YES NO Tank Capacity _____ **11)** Fertilizer Injection: YES NO Tank Capacity _____

Station #												
Runtime (Minutes)												
Flow Rate (GPM)												
System Type: **S**prays, **R**otors, **D**rip, **B**ubbler, **M**icro-Sprays												
Micro-Climate: **R**adiant Heat, **SH**ade, **PSH** Partial Shade, **FS** Full Sun, **PS** Partial Sun												
Plant Type: **TU**rf, **SH**rubs, **G**roundcover **T**rees, **S**ucculents, **A**nnuals												
Obvious **U**nder-Water/ **O**ver-Water												
Visible Leaks: **P**ipe / **S**prinkler / **D**rip												
Absorption: **F**ast, **S**low, **R**un-off												
Isolation Valve Present **Y** / **N**												
Wire Connections **G**ood / **B**ad												
Wiring Condition **G**ood / **B**ad												
Valve Pressure Regulator **Y** / **N**												
Solenoid Condition **G**ood / **B**ad												
Diaphram Condition **G**ood/**W**eeping/**L**eaks												
Filter Inspected **Y** / **N** **G**ood / **B**ad												
Valve Size												
Heads at Grade **Y** / **N**												
Spray Misdirected/Overspray **Y** / **N**												
Heads Rotating **Y** / **N**												
Low Head Drainage **Y** / **N**												
Zone Pressure at Head (PSI)												
Even Pressure Throughout **Y** / **N**												
Head Spacing (ft.)												
Precip Rates Matched **Y** / **N**												
Check Valves, **P**ressure Regulators												
Head Model **(AVG)**												
Nozzle # **(AVG)**												
Nozzles/Emitters: **C**logged or **W**orn or **OK**												
Visible Water Patterns **Y** / **N**												
PC Emitters **Y** / **N**												

Controller:_____ Location:_____ Page____ of _____

Station #																									
Runtime (Minutes)																									
System Type:																									
Sprays, Rotors, Drip, Bubbler, Micro-Sprays																									
Micro-Climate: Radiant Heat, SHade,																									
PSH Partial Shade, FS Full Sun, PS Partial Sun																									
Plant Type: TUrf, SHrubs,																									
Trees, Succulents, Annuals																									
Obvious Under-Water/ Over-Water																									
Absorption: Fast, Slow, Run-off																									
Heads at Grade Y / N																									
Spray Misdirected/Overspray Y / N																									
Heads Rotating Y / N																									
Low Head Drainage Y / N																									
Isolation Valve Present Y / N																									
Wire Connections Good / Bad																									
Wiring Condition Good / Bad																									
Valve Pressure Regulator Y / N																									
Solenoid Condition Good / Bad																									
Diaphram Condition Good/Weeping/Leaks																									
Filter Inspected Y / N Good / Bad																									
Zone Pressure at Head (PSI)																									
Even Pressure Throughout Y / N																									
Head Spacing (ft.)																									
Precip Rates Matched Y / N																									
Check Valves, Pressure Regulators																									
Head Model (AVG)																									
Nozzle # (AVG)																									
Clogged Nozzles/Emitters Y / N																									
Worn Nozzles/Emitters Y / N																									
Visible Water Patterns Y / N																									