

Water Conservation Program Checklist

Date: / /

Trainer: _____

Property: _____

Contact #: _____

Maint. Supervisor: _____

Landscape Company _____

Contact #: _____

Contact Name & #: _____

Irrigation & Landscape Bi-Weekly Inspection

Current Water Restrictions:

Provide irrigation site maps

Must include labeled controllers, zones, & programmed irrigation times & days of week
(must meet current water restrictions)

Water features turned off & emptied: *yes / no* Date completed:

Car wash areas turned off & hose spigot locked: *yes / no* Date completed:

Over-watered areas marked on map and controller adjusted: *yes / no* Date completed:

Leak areas marked on map and corrective action taken: *yes / no*

Additional follow-up required: *yes / no*

Type of follow-up:

Date completed:

Irrigation sprinklers spraying buildings, sidewalks, & paved areas marked on map and corrective action taken: *yes / no*

Additional follow-up required: *yes / no*

Type of follow-up:

Date completed:

Potential turf irrigation shut-down areas marked on map: *yes / no*

Tour paths & drive-by routes excluded.

Areas approved by:

Date approved:

Notes:

Maintenance Supervisor Signature: _____.

Date: _____.

Email a copy of the completed inspection report to: John Broos (jbroos@essex.com) 510 406-8121