

IRRIGATION INSPECTION AFFIDAVIT

(To be submitted in conformance with Code Section 309.C)

City File No: _____ Project: _____

Inspected by: _____
(Individual) *(Firm)*

Dates of Inspection: _____

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| A. Inspection during construction to check main line in open trench: | | |
| DATE INSPECTED: | _____ | _____ |
| 1. Location of main line conforms to as-built plan | _____ | _____ |
| 2. Size of main line conforms to plan | _____ | _____ |
| 3. Depth of main line conforms to plan | _____ | _____ |
| 4. Main line condition is undamaged | _____ | _____ |
| 5. Main line pressure tested with water and meter to check for visible leaks | _____ | _____ |
| 6. Attach notable changes to the approved plan | _____ | _____ |
| B. Inspection after completion of system installation (prior to seed or sod) | | |
| DATE INSPECTED: | _____ | _____ |
| 1. Settling along trenches is absent | _____ | _____ |
| 2. System components (i.e., controller, backflow preventer, rain sensor, etc.) installed as specified | _____ | _____ |
| 3. Rotary heads pressure tested | _____ | _____ |
| 4. System activated for observation of compliance | _____ | _____ |
| 5. Landscape components are not blocking application | _____ | _____ |
| 6. Each station complies with design / as-built plan | _____ | _____ |
| 7. Matched precipitation rates provided by zone | _____ | _____ |
| 8. As-built plan provided to owner | _____ | _____ |
| 9. Specific observations attached as needed | _____ | _____ |

I hereby certify that this project was inspected within the limits of customary access for compliance with the approved Irrigation Plan on file in City Planning, and under my Direct Supervision. I am qualified to submit this Irrigation Inspection Affidavit based on the qualification listed below:

Licensed Landscape Architect (of Record) Registered Professional Engineer of Record
State: _____ Licensed No. _____
State Agency Phone No. (_____) _____

Certified Irrigation Designer of Record The Irrigation Association Year: _____

Name (PRINT) Signature Date