Service provided on: Date: Time: Service provided by: Company:	Reference #: Employee:					
Date of last service:		By: □	You □ Oth	er:		
Date of last inspection:		_			NOTES	
Conditions at the spray distribution field					cceptable	
a. Evaluate presence of odor within				☐ Uı	nacceptable	
□ None □ Mild □ Strong □ Chemical □ Sour						
h Source of odor if present						
c. Indications of leaks around/abov	e system.	Yes	No			
d. Vegetation appropriate.	3	YesNo				
e. Excessive vegetative growth.		YesNo				
f. Vegetation adequately maintaine	ed.	YesNo				
g. Preventing accessibility for main			No			
2. Distribution approach						
a. Zones: ☐ Single ☐ Multiple: #_				1 2 - 1	. 11	
3. Switching valves					cceptable	
a. Switching valve present.		Yes	No	□ Uı	nacceptable	
b. Type of valve:						
 c. Operating properly. 		Yes	No			
d. Action taken if not:						
4. Site conditions				1	. 11	
a. Color coding.		Yes _Yes	No	4. ☐ Acceptable		
b. Signage.	N.A	Yes	No	☐ U1	☐ Unacceptable	
c. Fencing.	N.A	Yes	No			
5. System operating pressure:			PSI			
a. Location of pressure reading:						
6. Control panel	37.4	3 7	N T	6 🗆 🗸	aaantahla	
a. Timer operating properly.	N.A	AYesNo DNmin		6. □ Acceptable □ Unacceptable		
i) Timer settings:	ON		min		пассернавле	
h Dhata adl functioning	OFF N.A	Vac	min			
b. Photocell functioning.c. Rainfall shutoff functioning.	N.A		No No			
7. Distribution head operation	1 1.	1 cs	NO			
a. Low-pressure shutoff valve.	NΔ	Vec	No	7 DAG	ccentable	
b. In-line filter cleaned.		N.A. <u>Yes No</u> N.A. <u>Yes No</u>		7. ☐ Acceptable ☐ Unacceptable		
c. Heads in proper adjustment.	11.71.		No		писсериные	
d. Pop-up heads retracting.	N.A		No			
e. Distribution head operation sum						
Zone Low Pattern		Operation Low-Pr		essure Riser Inta		
Angle	(Impac	t, Rotor,	Dra			
Nozzle Current Designed	Sn	ray)				
Pattern Pattern	1 -					

0			11.1
8.	Zone	operational	conditions

Zone	Erosion	Wastewater	Ponding	Vegetation	
		Runoff		Clear of	Type
				Distribution Pattern	

9.	Manufacturer's required maintenance performed.	Yes	No
	(If 'Yes', attach Manufacturer Inspection form to this	report, if su	pplied)

PSI- pounds per square inch