1. Conditions at the spray distribution field
   a. Evaluate presence of odor within 10 ft of perimeter of system:
      - None   - Mild   - Strong   - Chemical   - Sour
   b. Source of odor, if present: ________________________________
   c. Indications of leaks around/above system:  Yes ___ No ___
   d. Vegetation appropriate:  Yes ___ No ___
   e. Excessive vegetative growth:  Yes ___ No ___
   f. Vegetation adequately maintained:  Yes ___ No ___
   g. Preventing accessibility for maintenance:  Yes ___ No ___

2. Distribution approach
   a. Zones:  □ Single  □ Multiple: # ___________________

3. Switching valves
   a. Switching valve present:  Yes ___ No ___
   b. Type of valve: ________________________________
   c. Operating properly:  Yes ___ No ___
   d. Action taken if not: ________________________________

4. Site conditions
   a. Color coding:  N.A. ___ Yes ___ No ___
   b. Signage:  N.A. ___ Yes ___ No ___
   c. Fencing:  N.A. ___ Yes ___ No ___

5. System operating pressure:  ______ PSI
   a. Location of pressure reading: ________________________________

6. Control panel
   a. Timer operating properly:  N.A. ___ Yes ___ No ___
      i) Timer settings:  ON ___ min
      ii) Timer settings:  OFF ___ min
   b. Photocell functioning:  N.A. ___ Yes ___ No ___
   c. Rainfall shutoff functioning:  N.A. ___ Yes ___ No ___

7. Distribution head operation
   a. Low-pressure shutoff valve:  N.A. ___ Yes ___ No ___
   b. In-line filter cleaned:  N.A. ___ Yes ___ No ___
   c. Heads in proper adjustment:  Yes ___ No ___
   d. Pop-up heads retracting:  N.A. ___ Yes ___ No ___
   e. Distribution head operation summary:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Low Angle Nozzle</th>
<th>Pattern</th>
<th>Operation (Impact, Rotor, Spray)</th>
<th>Low-Pressure Drain</th>
<th>Riser Intact</th>
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NOTES

1. □ Acceptable   □ Unacceptable

2. □ Acceptable   □ Unacceptable

3. □ Acceptable   □ Unacceptable

4. □ Acceptable   □ Unacceptable

5. □ Acceptable   □ Unacceptable

6. □ Acceptable   □ Unacceptable

7. □ Acceptable   □ Unacceptable

Reference #: ___________________
8. Zone operational conditions:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Erosion</th>
<th>Wastewater Runoff</th>
<th>Ponding</th>
<th>Vegetation</th>
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9. Manufacturer’s required maintenance performed. Yes____ No____
   (If ‘Yes’, attach Manufacturer Inspection form to this report, if supplied)

PSI- pounds per square inch