

Irrigation Final Inspection Checklist

Contractor Information		Site/Property Information	
Company Name:		Customer Name:	
Licensed Individual:		Address:	
LI# or LP#:		Permit Number:	

Backflow Prevention Method	
Is there an on-site sewage facility where the irrigation is installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a private well connected to the public water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a chemical injection system on the irrigation system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a water meter connected to a private water line with a lawn irrigation connection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Method: <input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/> DC <input type="checkbox"/> AG	
Reduced Pressure Principal (RP) Pressure Vacuum Breaker (PVB) Spill Resistant Vacuum Breaker (SVB) Atmospheric Vacuum Breaker (AVB) Double Check Valve (DC) Air Gap (AG)	
Installed per state and local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
T&M Report filed with the water purveyor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Irrigation System Controls			
Is the controller(s) properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the rain sensor(s) properly installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documentation			
Irrigation Controller Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	As-Built Drawing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed Maintenance Checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Warranty Sticker Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal Watering Schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensor(s) Operational Manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrigation Statement per RG 344.63 (2)(D)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Walk Through?	<input type="checkbox"/> Yes <input type="checkbox"/> No
T&M Report to System Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List of Components Requiring Maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do components match the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain:			

System Operation			
Do all zones turn on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the heads have the required pressure to operate efficiently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are heads out of vertical alignment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are heads in areas less than 48" wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are heads adjusted to prevent overspray onto unintended areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are heads a minimum of 4" from hardscape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Are ditches properly compacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there 100% coverage of intended area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do quick coupler valve boxes have purple lids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Issues:			

Valves			
Are valves installed correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are valves accessible for repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are wires in valve boxes connected correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are valves in appropriate valve boxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reclaimed Water Systems	
Is there a minimum of an 8" by 8" sign, in English and Spanish, posted in the irrigated area that reads, "RECLAIMED WATER - DO NOT DRINK" and "AGUA DE RECUPERACIÓN - NO BEBER"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the irrigation system installed using purple components including pipe, valve box lids and heads?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pass Fail

Comments: _____

Inspected by: _____ Inspector #: _____ Date: _____