



Life Connected.

COMMERCIAL IRRIGATION INSPECTION FORM

Please return completed form to address listed on the bottom of page.

Property Information:

Name of Property: _____

Address of Property: _____

Celina, Texas Zip: _____ Water utility account number: _____

Responsible Party (Person with decision making authority regarding property)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Email: _____

Information of person conducting irrigation system inspection:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

TX LI # _____ Email: _____

*Certified Irrigation auditor with: _____ Texas A&M _____ Irrigation Association

*** A copy of certification document from either Texas A&M or the Irrigation Association must be on file. If this is your first time to perform an audit, enclose one copy with this form.**

If licensed irrigator is found to be falsifying information, a report will be made to TCEQ.

City of Celina Inspections | 142 N. Ohio St. | Celina, Texas 75009 | 972-382-2682

Attn. Permits permits@celina-tx.gov

4/13/2020

City of Celina Irrigation Inspection Form - Page 2

Meter Size: _____ Meter Number: _____ Irrigation only? YES NO

Controller Information* (Brand, model):

Cross Connection Control device (Brand, type, size): _____

Rain/ Freeze Sensor Brand: _____ Working? YES NO

TOTAL Number of zones: _____ Irrigation day program (circle all days) M T W Th F S Su

Type of irrigation on controller (all that apply): Spray Rotor Bubblers Drip

System Analysis: All sunken, clogged, misaligned, broken, blocked, or otherwise problem heads have been corrected to maximize efficiency **before** this system analysis was performed. All zones are in most efficient working order and a zone was chosen that most represents the irrigation coverage of 60% of the property turf grass area. Pressure reading was performed on at least one irrigation head in the zone. An IA method catch- can test was performed to determine PR and DU and results are recorded below. *(Do not audit drip zones)*

Representative Zone information:

Soil Type: _____ Plant Type(s): _____

Zone # _____ Type of irrigation heads (circle one): Spray Rotor Number of heads: _____

Nozzle type (specialty nozzle?): _____

Number of start times for zone: _____ Minutes programmed _____

Actual Pressure reading (on irrigation head) _____ psi

Precipitation Rate (PR): _____ Inches per Hour

Distribution Uniformity (DU_{L0}): _____

Signature of Certified Irrigation Auditor: _____

(include copy of certificate from either Texas A&M or Irrigation Association if not on file)

Date: _____

***If property has more than one controller, use additional form for each controller. A minimum of one zone per controller must be audited.**