



IRRIGATION INSPECTION/ASSESSMENT/AUDIT FORM

This form is for the Irrigation Inspector's use and can be found on TrackMyBackflow.com. All information from the site and on this form must be submitted on TrackMyBackflow.com by the inspector. A \$24.95 filing fee must also be paid at the time of submission.

Property Information:

Name of Property: _____

Address of Property: _____

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

Responsible Party (Person with decision making authority regarding property):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Information of person conducting irrigation system inspection:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

TX LI# _____

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, certifications must be uploaded into TrackMyBackflow.com prior to results submission.*

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



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Meter Size: _____ Meter Number: _____ Irrigation only? Y N

Controller Information** (brand, model): _____

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

Rain/ Freeze Sensor Brand: _____ Working? Y N

TOTAL # of zones: _____ Irrigation day program: M T W Th F S Su
(check all days that apply)

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 turfgrass 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 (check one): Spray Rotor # of heads: _____

Nozzle type (specialty nozzle?): _____

of start times for zone: _____ Minutes programmed: _____

Actual pressure reading (on irrigation head): _____ psi

Precipitation Rate (PR): _____ inches per hour Distribution Uniformity (DU_{LQ}): _____

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, additional forms/submissions will be required for each controller. A minimum of one (1) zone per controller must be audited.**



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TrackMyBackflow.com