



San Antonio Water System
 Conservation Dept.
 P.O. Box 2449
 San Antonio, Texas 78298-2449

Deadline is May 1st Annually
Mail to SAWS or e-mail to:
donna.fossum@saws.org

Annual Irrigation System Check-Up General Information Form

Property ID:

Name of Property:

Address of Property:

Street: _____

City: _____

State: _____ Zip Code: _____

SAWS Acct # ___ / ___ / ___ / ___

If SAWS is not water supplier, name of supplier: _____

Acct # _____

Responsible Party: Person with Decision Making Authority Regarding the Property

Name: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Office Address:

Street: _____

City: _____

State: _____ Zip Code: _____



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Annual Irrigation System Check-Up General Information Form

Contact Information for person conducting the check-up:	Affiliation with Property:
Name: _____	<input type="checkbox"/> Property Owner
Phone: _____ Cell: _____	<input type="checkbox"/> Employee
Street : _____	<input type="checkbox"/> Landscaper
City: _____ State: _____ Zip: _____	<input type="checkbox"/> Volunteer
Number of Meters: _____	
Meter No. _____	

Type of System:

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Apartment
<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Golf Course
<input type="checkbox"/> School	<input type="checkbox"/> Other

Number of Zones: _____

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Backflow preventer in place; Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	Automatic Timer
<input type="checkbox"/>	<input type="checkbox"/>	Rain Sensor

Type of Controller:

<input type="checkbox"/> Digital	<input type="checkbox"/> Central
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Don't know

Seasonal Irrigation Schedule

Summer		Winter	
<input type="checkbox"/> 3x/week	<input type="checkbox"/> 1x/week	<input type="checkbox"/> 3x/week	<input type="checkbox"/> 1x/week
<input type="checkbox"/> 2x/week	<input type="checkbox"/> Don't know	<input type="checkbox"/> 2x/week	<input type="checkbox"/> Don't know

Minutes/zone:

<input type="checkbox"/> 10 - 20	<input type="checkbox"/> 30 - 40
<input type="checkbox"/> 20 - 30	<input type="checkbox"/> Don't know

Precipitation Rate (time it takes to put down 1" of water) for a representative zone:

<input type="checkbox"/> Zone # _____
<input type="checkbox"/> Precipitation Rate _____

Signature of Responsible Party: _____

Date: _____

Signature of Person Completing Check-up : _____

****If Licensed Irrigator - license #:** _____

Date: _____

****If a licensed irrigator is completing the check-up, he/she recognizes that all state licensing rules apply and SAWS staff reserves the right to follow up on any check up completed. If he/she is found to be falsifying information, a report will be made to TCEQ Licensing.**

IRRIGATION SYSTEM WALK THROUGH CHECK LIST

Date of Inspection: _____

Property Name: _____

Property Address: _____

Days landscape is watered: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Zone #	Head Type (P, R, D)*	Plant Type (T, F, S)**	# Days watering in summer	# Days watering in winter	Ok?	If not ok, what repairs needed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*Head Type
P=Pop-up
R=Rotor
D=Drip

** Plant Type
T=Turf
F=Flowers
S=Shrubs