San Antonio Water System | GARDEN STYLE SAN ANTONIO

Conservation Department: (210) 704-7283
cnsrv-inspection@saws.org
https://www.saws.org/irrigation-plan/

Irrigation Inspection Checklist

for State and Local Regulatory Compliance

ADDRESS	CITY	ZIP
PERMIT #	METER #	Flow? **Y / N** _____ GPM

☐ Initial Inspection ☐ Re-Inspection Date of Inspection: _____

AT THE CONTROLLER

Y / N As-built plan *(compliant)* **Y / N** Component maintenance checklist **Y / N** Seasonal schedule **Y / N** TCEQ statement of compliance

Y / N Irrigation controller manual **Y / N** Irrigator sticker *(Contact Info, License #, Warranty Period)*

Notes: _____

IN-GROUND ELEMENTS

Y / N *On-Site Sewage Facility**

Backflow Type: DC / RP / PVB / None **Y / N** Isolation valve before Backflow

Y / N Master valve after Backflow *(when present)* **Y / N** Electronic valves w/ flow control; set in box 4" below grade

Y / N Wiring UL-certified for underground burial **Y / N** Wire splices have waterproof connections

Y / N ** If aerobic septic drip is present – minimum 10' separation from private water lines and aerobic drip emitters*

Pass / Fail Minimum 4" of viable soil **Notes**: _____

OPERATIONAL ELEMENTS

Static Pressure: _____ *Running Pressure*: _____ *Zone #*: _____

Y / N Installed system matches as-built plan **Y / N** Zones grouped by plant type / water needs *(hydrozoned)*

Y / N Heads set 4" from impervious surfaces **Y / N** Heads level and flush with finished grade

Y / N Check valves installed on low-draining heads **Y / N** Head-to-head coverage

Y / N Overspray *(impervious surfaces, fences, foundations, property lines, etc.)* **Y / N** Rain sensor installed and functional

Y / N Zones *(including drip)* regulated to ±10% of design pressure **Y / N** Zones have matched precipitation rates

Y / N Spray irrigation in areas 60 inches wide or less and bordered on two or more sides by impervious surfaces

Notes: _____

Inspection Status: ☐ **COMPLIANT** ☐ **NON-COMPLIANT**

Inspector's Name: _____ Responsible Party: _____

Signature: _____ Signature: _____