

IRRIGATION LEVEL UP

Irrigation System Diagnostic Report

Customer Name (First and Last) _____

Street Address _____

City _____ Zip code _____

System Information Water Source: City Water/Utility Well Reclaimed Lake Unknown

Controller Brand & Model: _____ Controller Status: On Auto Off/Unplugged Broken/Needs Replacing

Rainfall Shut-Off Device: Functioning Missing Broken Rainfall Shut Off Device Set to Active at Controller : Yes No

Number of Programs Running* _____ Number of Irrigation Days* _____ Irrigation Days Correct (or fewer than restrictions)* Yes No

Immediate Water Conservation Actions: # Programs Reduced _____ # Irrigation Days Reduced _____ Zone Times Reduced: Yes No

**Ensure only one program running and irrigation days comply with restrictions in place at the time of the diagnostic. Recommend turning system/zones off and only running as needed.*

Zone #	Location	Current Run Time	New Run time	Zone Type:	# Emitters (when mixed, # of each)	Pressure or Flow Issues	# Heads adjusted	# Major leaks (serious water loss)	# Minor leaks (emitter leaks etc.)	# Heads that need replacement	# Heads to be capped	Water Conservation Recommendations/Notes (If no adjustments are warranted write none)
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side			<input type="checkbox"/> Rotor <input type="checkbox"/> Sprays <input type="checkbox"/> Rotators <input type="checkbox"/> Drip <input type="checkbox"/> Bubbler		<input type="checkbox"/> Yes <input type="checkbox"/> No						