

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i># 577 GOLDEN PT STORAGE</i>	DATE: <i>9-27-16</i>
	FOLLOWUP DATE: <i>10-25-16</i>
Contractor: <i>KANEKO LANDSCAPING</i>	Inspector: <i>W SMITH</i>
	Contractor Representative: <i>J. GUSTIN-02</i>

CHECK ISSUE(S) IF UNSATISFACTORY, NOTE LOCATION, NUMBER IF MULTIPLE AND NOTE BELOW, AND ANY HISTORY OF NON-COMPLIANCE. WRITE "NA" WHERE APPLICABLE. INDICATE "OK" ON FOLLOWUP.

LOCATION(S):	HISTORY:	FOLLOWUP/STATUS:
IRRIGATION:		
<input type="checkbox"/> BREAKS/LEAKS		
<input type="checkbox"/> POOR COVERAGE		
<input type="checkbox"/> TOO WET		
<input type="checkbox"/> TOO DRY		
WEEDS:		
<input type="checkbox"/> PLANTERS		
<input type="checkbox"/> MEDIANS		
<input type="checkbox"/> TURF		
<input type="checkbox"/> HARDSCAPE		
SHRUBERY:		
<input checked="" type="checkbox"/> HEDGE TRIM/SHAPE		
<input checked="" type="checkbox"/> DEAD MATERIAL	<i>SCATTERED</i>	<i>OK</i>
<input type="checkbox"/> POOR HEALTH		
IVY:		
<input type="checkbox"/> TRIM		
<input type="checkbox"/> POOR HEALTH		
<input type="checkbox"/> DETACHMENT		
TREES:		
<input checked="" type="checkbox"/> PRUNING	<i>SHAPING NEEDED</i>	<i>IMPROVED</i>
<input type="checkbox"/> POOR HEALTH/DEAD		
<input type="checkbox"/> STAKES		
TURF:		
<input type="checkbox"/> MOW/EDGE		
<input type="checkbox"/> POOR HEALTH		
<input type="checkbox"/> OTHER		

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST: <i>#27 GOLDEN ST STORAGE</i>	DATE: <i>9-27-16</i>
--	-------------------------

LOCATION(S): HISTORY: FOLLOWUP/STATUS:

GROUND COVER/PLANT BEDS:

- OVERGROWN
- DEAD MATERIAL
- POOR HEALTH

PEST(S):

- GOPHERS
- INSECT
- OTHER

RESTROOM(S):

- NOT CLEANED *NA*
- FAULTY PLUMBING
- FAULTY LIGHTING

WALKWAYS/PATHS:

- OBSTRUCTION/TRIP
- FIBER COVERAGE
- DOG BAGS
- FOUNTAINS
- EXERCISE STATIONS
- FAULTY LIGHTING

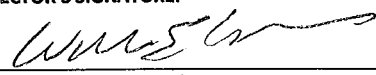
VANDALISM:

- GRAFFITI
- DAMAGED/MISSING ITEMS

- TRASH
- EXCESSIVE LEAF LITTER *TUMBLE WEEDS*
- UNLISTED HAZARD/ITEM:
- OTHER:

OK

- TURF FERTLZR DUE(6X/YR) OCT AERIFICATION DUE MAY AERIFICATION DUE
- SPRING BROADLEAF TURF PESTCDE APPLCTN DUE FALL BROADLEAF TURF PESTCDE APPLCTN DUE
- SHRUB & GRNDCVR FERTLZR DUE(3X/YR) PALM FERTLZR DUE(3X/YR) OCT DETHATCH DUE

INSPECTOR'S SIGNATURE: 	DATE: <i>9-27-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH.
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: 