

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i># 43 CANNON PT. MEDIANS</i>	DATE: <i>5-4-16</i>
Contractor: <i>KANGRO LANDSCAPING</i>	FOLLOWUP DATE: <i>6-1-16</i>
	Inspector: <i>W. SMITH</i>
	Contractor Representative: <i>J. KANGRO</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:			
<u>BREAKS/LEAKS</u>			
<u>POOR COVERAGE</u>			
<u>TOO DRY/TOO WET</u>			
WEEDS:			
<u>PLANTERS</u>			
<u>MEDIANS</u>			
<u>TURF</u>			
<u>HARDSCAPE</u>			
SHRUBERY:			
<u>HEDGE TRIM/SHAPE</u>			
<u>DEAD MATERIAL</u>			
<u>POOR HEALTH</u>			
IVY:			
<u>TRIM</u>			
<u>POOR HEALTH</u>			
<u>DETACHMENT</u>			
TREES:			
<u>PRUNING</u>	<i>PALM FRONDS</i>		<i>IMPROVED</i>
<u>POOR HEALTH/DEAD</u>			
<u>STAKES</u>			
TURF:			
<u>MOW/EDGE</u>	<i>NA</i>		
<u>POOR HEALTH</u>			
<u>OTHER</u>			

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST: <i>#45 CHANNEL PT. MODIANS</i>	DATE: <i>8-4-16</i>
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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:

- FIBER COVERAGE *NA*
- DOG BAGS
- FOUNTAINS
- EXERCISE STATIONS
- FAULTY LIGHTING

VANDALISM:

- GRAFFITI
- DAMAGED/MISSING ITEMS
- TRASH
- UNLISTED HAZARD
- OTHER

NOTE(S):

INSPECTOR'S SIGNATURE: <i>[Signature]</i>	DATE: <i>8-4-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: <i>[Signature]</i>
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	