

LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST

LOCATION/DIST #: <i># 44 AMERICAN PACIFIC HWS</i>	DATE: <i>8-4-16</i>
Contractor: <i>KANERO LANDSCAPING</i>	FOLLOWUP DATE: <i>9-7-16</i>
	Inspector: <i>W SMITH</i>
	Contractor Representative: <i>J. GUTERBZ</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 checked="" type="checkbox"/> PLANTERS	<i>POISON OAK IN SHRUBBERY</i>		<i>IMPROVED</i>
<input type="checkbox"/> MEDIANS			
<input type="checkbox"/> TURF			
<input type="checkbox"/> HARDSCAPE			
SHRUBBERY:			
<input checked="" type="checkbox"/> HEDGE TRIM/SHAPE			
<input checked="" type="checkbox"/> DEAD MATERIAL	<i>FEW DEAD SHRUBS</i>		<i>IMPROVED</i>
<input type="checkbox"/> POOR HEALTH	<i>AGAPANTHUS NEEDED CLEANUP ON MEDIAN</i>		<i>OK</i>
IVY:			
<input type="checkbox"/> TRIM			
<input type="checkbox"/> POOR HEALTH			
<input type="checkbox"/> DETACHMENT			
TREES:			
<input type="checkbox"/> PRUNING			
<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: #44 AMERICAN PACIFIC HOME	DATE: 8-4-16
---	-----------------

LOCATION(S): HISTORY: FOLLOWUP/STATUS:

GROUND COVER/PLANT BEDS:

- OVERGROWN
- DEAD MATERIAL
- POOR HEALTH

PEST(S):

- GOPHERS
- INSECT
- OTHER

RESTROOM(S): NA

- NOT CLEANED
- FAULTY PLUMBING
- FAULTY LIGHTING

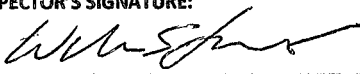
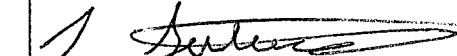
WALKWAYS/PATHS:

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

VANDALISM:

- GRAFFITI
- DAMAGED/MISSING ITEMS
- TRASH
- EXCESSIVE LEAF LITTER
- UNLISTED HAZARD/ITEM
- OTHER

NO SIGNIFICANT DEFICIENCIES NOTED

INSPECTOR'S SIGNATURE: 	DATE: 8-4-16	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH. CONTRACTOR/CONTRACTOR REPRESENTATIVE'S SIGNATURE: 
REVIEW ADMINISTRATOR'S SIGNATURE:	DATE:	