

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

|  |                              |
|--|------------------------------|
| LOCATION/ DISTRICT NUMBER: #59<br><br>Orbela | DATE: 10/10/16               |
|  | FOLLOW UP DATE:              |
| CONTRACTOR:<br><br>Kaneko                    | INSPECTOR:<br>Cervantes      |
|  | CONTRACTOR REP:<br>Gutierrez |

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.

|  | <u>Locations</u>         | <u>History</u> | <u>Follow-up/Status</u> |
|--|--------------------------|----------------|-------------------------|
| <b>IRRIGATION:</b>                           |                          |                |                         |
| Breaks/Leaks                                 |                          |                |                         |
| Poor Coverage                                |                          |                |                         |
| Too Wet                                      |                          |                |                         |
| <input checked="" type="checkbox"/> Too Dry  | Area not watered         |                |                         |
| <b>WEEDS:</b>                                | Some weeds               |                |                         |
| <input checked="" type="checkbox"/> Planters |                          |                |                         |
| <input checked="" type="checkbox"/> Medians  |                          |                |                         |
| Turf   |                          |                |                         |
| Hardscapes                                   |                          |                |                         |
| <b>SHRUBBERY:</b>                            |                          |                |                         |
| Hedge Trim/Shape                             | OK                       |                |                         |
| Dead Material                                |                          |                |                         |
| Poor Health                                  |                          |                |                         |
| <b>IVY:</b>                                  |                          |                |                         |
| Trim   |                          |                |                         |
| Poor Health                                  |                          |                |                         |
| Detachment                                   |                          |                |                         |
| <b>TREES:</b>                                |                          |                |                         |
| <input checked="" type="checkbox"/> Pruning  | Trees need to be trimmed |                |                         |
| Poor Health/Dead                             |                          |                |                         |
| Stalks                                       |                          |                |                         |
| <b>TURF:</b>                                 | none                     |                |                         |
| Mow/Edge                                     |                          |                |                         |
| Poor Health                                  |                          |                |                         |
| Other  |                          |                |                         |

|   |                |
|---|----------------|
| LOCATION/DISTRICT NUMBER: 57<br><i>Orbela</i> | DATE: 10/10/16 |
|---|----------------|

|   | <u>Locations</u>            | <u>History</u> | <u>Follow-up/Status</u> |
|---|-----------------------------|----------------|-------------------------|
| <b>GROUND COVER/<br/>PLANT BEDS:</b>            |                             |                |                         |
| Overgrown                                       | <i>missing ground cover</i> |                |                         |
| <input checked="" type="checkbox"/> Dead        |                             |                |                         |
| <input checked="" type="checkbox"/> Poor Health |                             |                |                         |

|  |                        |  |  |
|--|------------------------|--|--|
| <b>PESTS:</b>                              |                        |  |  |
| <input checked="" type="checkbox"/> Gopher | <i>gopher activity</i> |  |  |
| <input type="checkbox"/> Insect            |                        |  |  |
| <input type="checkbox"/> Other             |                        |  |  |

|                   |             |  |  |
|-------------------|-------------|--|--|
| <b>RESTROOMS:</b> | <i>none</i> |  |  |
| Not Clean         |             |  |  |
| Faulty Plumbing   |             |  |  |
| Faulty Electrical |             |  |  |

|  |                        |  |  |
|--|------------------------|--|--|
| <b>WALKWAYS/PATHS:</b>                               |                        |  |  |
| <input checked="" type="checkbox"/> Obstruction/Trip | <i>lifted sidewalk</i> |  |  |
| Fiber Coverage                                       |                        |  |  |
| Dog Bags   |                        |  |  |
| Fountains  |                        |  |  |
| Exercise Stations                                    |                        |  |  |
| Faulty Lighting                                      |                        |  |  |

|                       |             |  |  |
|-----------------------|-------------|--|--|
| <b>VANDALISM:</b>     | <i>none</i> |  |  |
| Graffiti              |             |  |  |
| Missing/Damaged items |             |  |  |

|   |                              |  |  |
|---|------------------------------|--|--|
| <b>MISC:</b>                              |                              |  |  |
| <input checked="" type="checkbox"/> Trash | <i>Some trash and leaves</i> |  |  |
| Excessive Leaf Litter                     |                              |  |  |
| Hazardous Item                            |                              |  |  |
| Other                                     |                              |  |  |

|  |  |                      |
|--|--|----------------------|
| Turf Fertilizer Due (6x Per Yr)                  | October Aearification Due                      | May Aerification Due |
| Spring Broad Leaf Turf Pesticide Application Due | Fall Broad Leaf Turf Pesticide Application Due | October Dethatch Due |
| Shrub & Ground Cover Fertilizers Due (3x Per Yr) | Palm Fertilizer Due (3x Per Yr)                |                      |

|  |                   |  |
|--|-------------------|--|
| INSPECTORS SIGNATURE:<br><i>Cervante</i> | DATE:<br>10/10/16 | I HAVE ATTENDED THIS INSPECTION WALKTHROUGH            |
| REVIEW ADMINISTRATORS SIGNATURE:         | DATE:             | CONTRACTOR/REPRESENTATIVE SIGNATURE:<br><i>Galumca</i> |

