LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER: ###S CHANGE PT. MEDIANS CONTRACTOR: **EXAGE: LANDS CAPING		1	11-8-16			
		FOLLOW UP DATE:				
		INSPECTOR: W SMARA CONTRACTOR REP: 160016262				
						CHECK ISSUE(S) IF UNSATISFACTORY APPLICABLE. INDICATE "OK" ON FOL
	<u>Locations</u>	<u>History</u>	Follow-up/Status			
IRRIGATION:		:				
Breaks/Leaks			1,1			
Poor Coverage						
Too Wet						
Too Dry						
WEEDS:						
Planters						
Medians						
Turf						
Hardscapes						
SHRUBBERY:			····			
Hedge Trim/Shape Dead Material			NAME OF TAXABLE PARTY.			
Poor Health						
Poor nearth						
IVY:						
Trim						
Poor Health						
Detachment						
	<u> </u>					
₹REES:						
	MEDIAN, LO	ON BOANCING				
Poor Health/Dead	The second second					
Stalks						
TURF:						
Mow/Edge						
Poor Health						
Othor						

# 48 CHAIN	BL POT.	NEDIANS	DAIE.	11-	8-16
	Location	<u>s</u>	<u>History</u>		Follow-up/Status
GROUND COVER/					
PLANT BEDS:					
Overgrown					
Dead					
Poor Health					
		777 777 74 1141 144 44	T		
PESTS:		 			
Gopher					
Insect					
Other			<u>.</u>		
RESTROOMS: N-V					
RESTROOMS: Not Clean		· · · · · · · · · · · · · · · · · · ·			
	-				
Faulty Plumbing Faulty Electrical					<u> </u>
Faulty Electrical					
WALKWAYS/PATHS:	<u> </u>				
Obstruction/Trip					
Fiber Coverage	 				
Dog Bags	-				
Fountains					
Exercise Stations					
Faulty Lighting			· · · · · · · · · · · · · · · · · · ·		
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VANDALISM:					
Graffiti					
Missing/Damaged items					
T			 		
MISC:	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Trash					
Excessive Leaf Litter	-				
Hazardous Item	<u> </u>				
Other	<u> </u>				
Turf Fertilizer Due (6x Pe	r Vrì	October Aearific	ration Due		May Aerification Due
Spring Broad Leaf Turf		Fall Broad Leaf			October Dethatch Due
Pesticide Application Due	1 4 6 4	Application Due			October Bethaten Bue
Shrub & Ground Cover		Palm Fertilizer [
Fertilizers Due (3x Per Yr	1 + + ***	, ann i cremeer e	740 (5X 1 C. 11)		
	100.51			ــــــــــــــــــــــــــــــــــــــ	
INSPECTORS SIGNATURE:	7	DATE:	4	TENDE	D THIS INSPECTION WALKTHROUGH
auth	1	11-8-10			
REVIEW ADMINISTRATORS S	DATE:	CONTRAC	TOR/RI	EPRESENTATIVE SIGNATURE:	
		l		M. A.	11/2-/

DATE:

LOCATION/DISTRICT NUMBER: