LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER:	DATE: 1-18-17
#44 NMENCAN PACIFIC	FOLLOW UP DATE:
CONTRACTOR:	INSPECTOR: W SMITT
LONGRO LANDSCAPING	CONTRACTOR REP: 1. GUTT GREZ
CHECK ISSUE(S) IF UNSATISFACTORY, NOTE LOCATION, NUMBER IF MU	JLTIPLE AND NOTE BELOW, AND ANY HISTORY OF NON-COMPLIANCE. WRITE"NA" WHERE

APPLICABLE. INDICATE "OK" ON FOLLOWUP.

	<u>Locations</u>	History	Follow-up/Status
IRRIGATION:			N
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
WEEDS:			
Planters			
Medians			
	COADLEAF	1 1	
Hardscapes			
SHRUBBERY:			
Hedge Trim/Shape			
Dead Material			
Poor Health			
IVY:			
Trim			
Poor Health			
Detachment			
TREES:			
Pruning			3.50 (1.00 (2.00 (3
Poor Health/Dead			
Stalks			
		and the second of the second of the second	
TURF:	T		
Mow/Edge			
Poor Health AEA	STON FERTIL	126R N66060	4
Other		*	

LOCATION/DISTRICT NUMBER:	DATE:	
# 44 AMERICAN PRACIFIC HOW	1-18-17	770.20 20.000.00

	Location	<u>s</u>	Hi	story	Follow-up/Status
GROUND COVER/			T		
PLANT BEDS:					
Overgrown					
Dead					
Poor Health			1		
PESTS:				6 6 6 7 6	
Gopher				Marie de Caración	
Insect					
Other					
	<u></u>				
RESTROOMS: NA					
Not Clean					
Faulty Plumbing	***************************************				
Faulty Electrical					
-					
WALKWAYS/PATHS:					
Obstruction/Trip					
Fiber Coverage					
Dog Bags					
Fountains					
Exercise Stations				Change of the sale and the sale of the sal	
Faulty Lighting					
VANDALISM:				- 1 - 1	
Graffiti					
Missing/Damaged items	-				
MISC:					
Trash					
Excessive Leaf Litter					
Hazardous Item					
Other					
Turf Fertilizer Due (6x Per	Yr)	October Aearifi	cation Due)	May Aerification Due
Spring Broad Leaf Turf		Fall Broad Leaf	Turf Pestic	ide	October Dethatch Due
Pesticide Application Due		Application Due			
Shrub & Ground Cover		Palm Fertilizer [Due (3x Pe	r Yr)	
Fertilizers Due (3x Per Yr)					·
				KANDON KANDA KANDON KANA	
INSPECTORS SIGNATURE:		DATE: /-/8-/		VE ATTEND	ED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SI	GNATURE:	DATE:	COI	VJRACTOR/I	REPRESENTATIVE SIGNATURE:
			1 11.		