LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST



LOCATION/ DISTRICT NUMBER:	DATE: 12-7-16				
#57 GOLDEN ST STORAGE	FOLLOW UP DATE:				
CONTRACTOR:	INSPECTOR: WSM1070				
KANEKO LANDSCAPING	CONTRACTOR REP: 1 GOTIEREZ				
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.					
Locations	History Follow-up/Status				
IRRIGATION:					
Breaks/Leaks					
Poor Coverage					
Too Wet					
Too Dry					
WEEDS:					
Planters					
Medians GRAS MGLBA	CTC				
Turf					
Hardscapes					
11010000000					
SHRUBBERY:					
Hedge Trim/Shape					
Dead Material AST BASE OF SN	nurs				
Poor Health					
IVY:					
Trim					
Poor Health					
Detachment					
TREES:					
Pruning "SUCHER "GOO	PUTH NEEDS REMOVAL				
Poor Health/Dead SUNPING	FOR BALLINGED APPERRANCE				
Poor Health/Dead Stank ING NEEDER, (I) SEVENE LEAN Stalks					
MESP CENTER OF MEDIAN					
TURF:	V. C. 1031/16/6/16				
Mow/Edge					
Poor Health					

Other

# 3 / GOZDEN STUDIES THENCE	LOCATION/DISTRICT NUMBER: # 57 GOLDEN STLOTE STURNER	DATE: 12-7-16
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	Locations		<u>History</u>	Follow-up/Status
GROUND COVER/ PLANT BEDS:			State State	
Overgrown				
Dead				
Poor Health				
PESTS:			V = 1, No. 1 = 19130	natelys and are a service and
Gopher				
Insect			Harris Ha	
Other				
RESTROOMS: NA				
Not Clean				
Faulty Plumbing				
Faulty Electrical				
WALKWAYS/PATHS:				
Obstruction/Trip				
Fiber Coverage				
Dog Bags		-		
Fountains				
Exercise Stations				
Faulty Lighting				
VANDALISM:				
Graffiti				
Missing/Damaged items				
			2	
MISC:				
Trash			and Commenter state and the property of the same	
Excessive Leaf Litter				
Hazardous Item				
Other				
Turf Fertilizer Due (6x Pe	r Yr) O	ctober Aearificat	ion Due	May Aerification Due
Spring Broad Leaf Turf	Fa	all Broad Leaf Tu	rf Pesticide	October Dethatch Due
Pesticide Application Due	e A	pplication Due		300
Shrub & Ground Cover	Pa	alm Fertilizer Du	e (3x Per Yr)	
Fertilizers Due (3x Per Yr)				
INSPECTORS SIGNATURE:		DATE: WM. 12-16		NDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS S	IGNATURE:	DATE:		R/REPRESENTATIVE SIGNATURE:
			1. 9	Letting