

**LANDSCAPE ASSESSMENT DISTRICT INSPECTION CHECKLIST**

LOCATION/ DISTRICT NUMBER: <i>#57 GOLDEN ST STORAGE</i>	DATE: <i>12-7-16</i>
	FOLLOW UP DATE: <i>1-31-17</i>
CONTRACTOR: <i>KANEKO LANDSCAPING</i>	INSPECTOR: <i>W SMITH</i>
	CONTRACTOR REP: <i>J GUTIERREZ</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.

	<u>Locations</u>	<u>History</u>	<u>Follow-up/Status</u>
<b>IRRIGATION:</b>			
Breaks/Leaks			
Poor Coverage			
Too Wet			
Too Dry			
<b>WEEDS:</b>			
Planters			
Medians	<i>GRASS, MELBA, ETC.</i>		<u>OK</u>
Turf			
Hardscapes			
<b>SHRUBBERY:</b>			
Hedge Trim/Shape			
Dead Material	<i>AT BASE OF SHRUBS</i>		<u>OK</u>
Poor Health			
<b>IVY:</b>			
Trim			
Poor Health			
Detachment			
<b>TREES:</b>			
Pruning	<i>"SUCKER" GROWTH NEEDS REMOVAL.</i>		<u>OK</u>
Poor Health/Dead	<i>SHAPING FOR BALANCED APPEARANCE</i>		
Stalks	<i>RESTAKING NEEDED, (1) SEVERE LEAN NEAR CENTER OF MEDIAN</i>		<u>OK</u>
<b>TURF:</b>			
Mow/Edge			
Poor Health			
Other			

LOCATION/DISTRICT NUMBER: <i># 57 GORDON SPORTS STORAGE</i>	DATE: <i>12-7-16</i>
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Locations

History

Follow-up/Status

<b>GROUND COVER/ PLANT BEDS:</b>			
Overgrown			
Dead			
Poor Health			

<b>PESTS:</b>			
Gopher			
Insect			
Other			

<b>RESTROOMS:</b> <i>NA</i>			
Not Clean			
Faulty Plumbing			
Faulty Electrical			

<b>WALKWAYS/PATHS:</b>			
Obstruction/Trip			
Fiber Coverage			
Dog Bags			
Fountains			
Exercise Stations			
Faulty Lighting			

<b>VANDALISM:</b>			
Graffiti			
Missing/Damaged items			

<b>MISC:</b>			
Trash			
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: <i>[Signature]</i>	DATE: <i>WMP</i> <i>12-7-16</i>	I HAVE ATTENDED THIS INSPECTION WALKTHROUGH
REVIEW ADMINISTRATORS SIGNATURE:	DATE:	CONTRACTOR/REPRESENTATIVE SIGNATURE: <i>[Signature]</i>