LANDSCAPE ASSESSMENT LISTRICT INSPECTION CHECKLIS.



LOCATION/ DISTRICT NUMBER:		DATE: 2-23-17						
#44 AMBRICAN PACIFIC HOMES CONTRACTOR: KANTKO LAWSCAPWC		FOLLOW UP DATE: $3-29-17$ INSPECTOR: $WSMIPP$ CONTRACTOR REP: $\int GMERG2$						
					CHECK ISSUE(S) IF UNSATISFACTORY APPLICABLE. INDICATE "OK" ON FO	7, NOTE LOCATION, NUMBER IF MU LLOWUP.	ILTIPLE AND NOTE BELOW, AND AN	y history of non-compliance. Write"na" when
						Locations	History	Follow-up/Status
IRRIGATION:								
Breaks/Leaks	Magazina wasan a manan							
Poor Coverage								
Too Wet	M. M							
Too Dry								
100019								
WEEDS:								
Planters								
Medians								
Turf								
Hardscapes								
i idi dadapea								
SHRUBBERY:	Alternative from the format of the control of the c							
Hedge Trim/Shape								
Dead Material			-					
Poor Health								
I IVY:								
Trim								
Poor Health								
Detachment								
Bo (100) (1111 (1110) 1110								
TREES:								
Pruning								
Poor Health/Dead								
Stalks								
JUNINO								
/TIRE								

5011604-60

Mow/Edge

Poor Health Other

LOCATION/DISTRICT NUMBER:	12
#44 AMERICAN PROIFIC	Mam65

DATE:

2-23-17

	Locations		History	Follow-up/Status	
GROUND COVER/ PLANT BEDS:			320 8 8 4 4 4 4 4 4		
Overgrown					
Dead					
Poor Health					
PESTS:				to of the open	
Gopher					
Insect					
Other					
RESTROOMS: NA	T				
Not Clean					
Faulty Plumbing					
Faulty Electrical					
WALKWAYS/PATHS:					
Obstruction/Trip					
Fiber Coverage					
Dog Bags	1				
Fountains					
Exercise Stations					
Faulty Lighting					
VANDALISM:	T				
Graffiti	1				
Missing/Damaged items					
	1				
MISC:					
	ETT ENL)		OK	
Excessive Leaf Litter	0				
Hazardous Item	1				
Other					
Turf Fertilizer Due (6x Pe	r Yr) O	ctober Aearific	ation Due	May Aerification Due	
Spring Broad Leaf Turf	2200.00	III Broad Leaf T		October Dethatch Due	
Pesticide Application Due	e Ar	oplication Due			
/Shrub & Ground Cover					
Fertilizers Due (3x Per Yr)				
INSPECTORS SIGNATURE		DATE:	I HAVE ATT	ENDED THIS INSPECTION WALKTHROUGH	
Willy 2-23-17					
REVIEW ADMINISTRATORS S	IGNATURE:	DATE:	CONTRACT	OR/REPRESENTATIVE SIGNATURE:	
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