

**AUTOMATIC IRRIGATION CERTIFICATE
OPERATING INSTRUCTIONS AND PERFORMANCE DATA**

Contractor name: _____ Address _____

Contractor Phone: _____

OWNER NAME: _____

LOCATION OF WORK: _____

Source of water: PSD #1 SOUTH ISLAND BROAD CREEK PSD

Please read and retain the enclosed owner’s manual for the system controller. Operate your system daily for the first _____ weeks after installation. Reduce operation to two (2) days per week based on the application rates below. Watering times should be adjusted seasonally. **Please water early in the morning (4-7am) spring through fall and in the late morning (10am to noon) in winter.** The rain sensor should compensate for periods of natural rainfall. Be sure to keep the sensor clear of debris. Inspect system operation periodically.

ZONE	Flow Rate Per Minute	Minutes Operated Per Week	Application Per Month	Water Usage Per Month

TOTAL MONTHLY USAGE: _____

CHECKLIST

- System inspected with owner
- Owner’s manual provide to the owner
- System programmed for initial operations
- As Built provided by owner

CERTIFICATION: THE LANDSCAPER HEREBY CERTIFIES THE ABOVE REFERENCED AUTOMATIC IRRIGATION SYSTEM HAS BEEN INSTALLED IN ACCORDANCE WITH THE SPECIFICATIONS ESTABLISHED BY THE TOWN OF HILTON HEAD ISLAND.

Landscaper’s Signature: _____ Trade Certificate # _____ Date: _____

I hereby acknowledge receipt, demonstration and understanding of the above listed information.

Owner’s Signature: _____ Date: _____