# Irrigation Survey Form

**Client:** _____ **Type of Facility:** _____

**Site Address:** _____

**Phone Number:** _____ **Contact Name:** _____

**Water Company:** _____ **Do you have a separate irrigation meter? Yes [ ] No [ ]**

**Gros Cost per CCF: $** _____ **Gross Cost per 1,000 gallons: $** _____

**Please complete the information in the table below.**

| Facility | Number of Timer Clocks | Zones per Clock 1 | Zones per Clock 2 | Zones per Clock 3 | Zones per Clock 4 | Zones per Clock 5 | Zones per Clock 6 | Zones per Clock 7 | Zones per Clock 8 | Zones per Clock 9 | Zones per Clock 10 | Zones per Clock 11 | Zones per Clock 12 | Zones per Clock 13 | Zones per Clock 14 | Zones per Clock 15 | Total Zones |
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