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**Irrigation Installation / Turn on Form**

Date: \_\_\_\_\_ Owner of Property: \_\_\_\_\_

Property Address: \_\_\_\_\_

Irrigation Contractor: \_\_\_\_\_

**For NEW irrigation installations:**

This section is to be completed by the irrigation contractor. Please check each box and initial to confirm compliance:

- 1. I attest that the system was designed and installed with a smart controller, rain sensor, proper zoning, heads, and nozzles to maximize efficiency and water conservation.

Initials: \_\_\_\_\_

- 2. I have informed the property owner that they must schedule an initial inspection with the District's office (at no cost) to approve the backflow device installation and complete the Cross-Connection Control Permit process. YWD office phone number: **207-363-2265**

Initials: \_\_\_\_\_

**For ALL irrigation turn ons:**

- 3. I attest that the system was programmed to operate on the District's required Even/Odd sequence based on the date of the month. This system is programmed to operate on \_\_\_\_\_ days.

Initials: \_\_\_\_\_

- 4. I attest that the system's sprinkler heads were programmed to operate during the District's required operating window of sunset to 9:00am. (Drip systems are exempt)

Initials: \_\_\_\_\_

- 5. I have either:  provided the District a current copy of system's backflow device test results, or  informed the property owner of the requirement to test the backflow device within 2 weeks of turn on. Initials: \_\_\_\_\_