Irrigation System Test

Performed by	Residence	Date/Time
	Address	

PRELIMINARY DIAGNOSIS

Station #	Broken Heads	Mis-aligned Head	Sunken head	High pressure	Low pressure	Mixed Head Type	Comments
1							
2							
3							
4							
5							
6							
7							
8							

Precipitation Test Data

Station #	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Root Zone Depth (inches)								
Soil Type (S=sand; L=Loam, C=clay)								
Test Run Time (minutes)								
Catch Volumes (milliters)								