

**Arch Cape Domestic Water Supply District
And
Arch Cape Sanitary District
Annual Irrigation Maintenance and Operations Report Form
Due May 1st of Each Year**

Type of Irrigation Controller: _____;
Date of Last Inspection: _____;

Number of Zones: _____;
Time of Day Each Zone is Used:
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Rate of Use for Each Zone:
1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Total Gallons Used per Minute (GPM): _____;

Report and
Repairs: _____

_____;

Homeowners Name: _____
Homeowners Telephone Numbers: _____
Homeowners Email Address: _____
Homeowners Other Emergency Contact: _____

Irrigation Contractors Name: _____
Irrigation Contractors Telephone Numbers: _____

Please submit this report on or before May 1st:
Arch Cape Sanitary District
32065 E Shingle Mill Ln
Arch Cape, OR 97102

**FAILURE TO TIMELY SUBMIT THIS REPORT WILL FORFEIT YOUR RIGHT TO A
CLAIM FOR RELIEF IN THE EVENT OF A SYSTEM LEAK**

(Homeowners Signature) Date: _____