



CHECK-OUT SHEET Conservation Irrigation Conversion



Cooperator and Irrigation System Information

Cooperator Name: _____ Date: _____

Tract/Field: _____ County: _____

Contract Number _____

Irrigation System: _____

Acres to be irrigated: _____

Crops Grown: _____

Peak Use Rate: _____

Water Source: _____

Gallons of Water Saved: _____

Water Test Results/Water Quality: _____

Conservation Irrigation Conversion System Installation Check-out

Please check each box to confirm that the following items were field-verified and that the Conservation Irrigation Conversion System has been installed properly and all required information was given to the cooperator. **In addition, please include a map detailing the main pipelines, areas to be irrigated, soil moisture sensor locations and depths (if used), backflow prevention and flow meter locations and soils.**

- All measuring devices, valves, nozzle heads, surface pipelines, clean screens, filters and other mechanical parts will function as designed.
- Nozzle heads or micro-irrigation lines operate efficiently and provide uniform applications.
- Adequate surface drainage is available and will prevent water ponding around electrical equipment needed to run the irrigation system.
- All electrical/gas fittings are secure and safe.
- No visible leaks in the irrigation system and all connections are watertight.
- When the system is not in use there is a plan to drain pipelines and valves as well as secure all movable equipment.
- All livestock are excluded from the equipment and irrigated areas.

- Records noting the date, depth of the irrigation event, and amount of water volume used are available to the cooperator.
- Backflow prevention devices are installed, if applicable.
- Flow meters are installed as close as possible to the water supply.
- The following items were provided and reviewed in detail with the cooperator:
 - An irrigation watering schedule
 - An irrigation water management
 - An operation and maintenance plan
 - Specifications for the design equipment

District Technical Representative/Planner

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Irrigation Designer/Installer

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Cooperator

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

***Please upload this form and receipts prior to submitting a request for payment.**