Haines City Landscape and Irrigation Evaluation

Customer Application Form

Haines City Utilities Water Customer Information

Water Account Number

Contact Name

US Phone

Service Street Address

Best time to call

City , FL Zip Code

Alternate Phone

Subdivision

Notes:

Gate Access Code

e-mail

Building Type:

◯ Single Family ◯ Multi Family ◯ Commercial

Mailing Address if Different

Title of Person Signing if Multi-family, Commercial or Property Manager.

Landscape and Irrigation System Information

You MUST have a working automatic sprinkler system with a time clock to participate in this program

Please indicate what water source you use for your in-ground sprinkler system:

◯ metered potable water ◯ reclaimed water

How many time clocks do you have?

◯ One ◯ More than one

How many zones?

Do you have an operating rain sensor or soil moisture shut-off? ◯ Yes ◯ No ◯ Not Sure

If you do not have an operating automatic shut-off on your automatic irrigation system, a rain sensor will be installed for you per Florida Statute 373.62 at NO CHARGE TO YOU as part of this program. Please check "OK" to continue

☐ OK

Please indicate total acreage of maintained property:

◯ 1/4 acre (7,501 to 12,500 sq. ft)
◯ 1/2 acre (12,501 to 30,000 sq. ft.)
◯ 1 acre (30,001 to 50,000 sq. ft.)
◯ Greater than 1, up to 5 acres

Please indicate percent of landscape which is lawn

◯ Less than 25% ◯ 51 - 75%
◯ 26 - 50% ◯ 76 - 100%

HAINES CITY HEART OF FLORIDA EST. 1914

POLK COUNTY Florida's Crossroads of Opportunity

Southwest Florida Water Management District

WATERMATTERS.ORG · 1-800-423-1476

This program is cooperatively funded by Polk County BoCC and the Southwest Florida Water Management District

City of Haines City Landscape and Irrigation Evaluation Application Form

This program only applies to Polk County Utilities water customers utilizing reclaimed or potable water for their operable in-ground irrigation/sprinkler system. ***Participation in this program is free to Haines City Utility customers.***

Simple steps to participate:

1. ***Complete all items on this application form.*** *You may print out, sign and return to the address below; print and return via FAX to* ***(863) 421-3699****, or click on the "Submit by Email" button at the bottom of this page.*

City of Haines City Utilities
Landscape and Irrigation Evaluation
426 Claude Holmes Sr. Ave.
Haines City, FL 33844

LFisher@HainesCity.com
(863) 421-3695

2. ***The contractor will contact you*** *to arrange an appointment to perform an evaluation of your irrigation system. You will need to provide access to your property and your sprinkler system's time clock.*

If possible, your presence, or your designated representative's presence during the evaluation is requested.

What You Can Expect during the Landscape and Irrigation Evaluation

1. *The contractor will check your irrigation* ***timer*** *for proper programming and run times, and correct where necessary.*
2. *The contractor will check your irrigation* ***system*** *for leaks, broken heads, coverage, and water used per irrigation cycle.*
3. *The contractor will review appropriate* ***plant*** *placement and irrigation zones.*

What You Can Expect from Participating in the Landscape and Irrigation Evaluation Program

1. *A written* ***report*** *on the findings at your location to you and to Haines City Utilities.*
2. *A water conservation* ***kit*** *including water-saving devices and useful literature*
3. *Significant* ***savings*** *on your water bill if all recommendations are followed*

What Is Expected from You in the Landscape and Irrigation Evaluation Program

1. *The irrigation system must be operable and have water supply available for use.*
2. *The application form must be completed fully.*
3. *The Landscape and Irrigation System evaluator shall be granted access to the property, including the time clock.*
4. *Participant or adult representative must be present during the evaluation.*
5. *Participant must agree to installation of a rain sensor or replacement of any inoperable rain sensor per Florida State Statute*
6. *Irrigation system evaluators will evaluate the system and plantings but are not authorized to make modifications other than rain sensor installations.*
7. *Any costs incurred in making recommended modifications will be at the participant's expense.*
8. *The participant shall agree to participate in a follow-up evaluation regarding the suggested modifications, scheduled approximately 6 months after the evaluation.*
9. *The participant agrees to complete and return a satisfaction survey after the evaluation.*

BY SUMBITTING THIS APPLICATION, I AGREE THAT I HAVE READ AND WILL ABIDE BY THE PROGRAM GUIDELINES AS OUTLINED HEREIN. IN ADDITION, I CERTIFY THAT MY ENTIRE IRRIGATION SYSTEM IS IN GOOD OPERATING CONDITION. IN THE EVENT MY IRRIGATION SYSTEM IS INOPERABLE AT THE TIME OF THE SCHEDULED EVALUATION, I UNDERSTAND THAT I MAY BE CHARGED BY THE CONTRACTOR FOR THEIR TIME AND MILEAGE COSTS, AND THAT I WILL BE INELIGIBLE TO RECEIVE THE REQUESTED EVALUATION AND CONSERVATION KIT.

I FURTHER UNDERSTAND THAT MY WATER CONSUMPTION INFORMATION WILL BE INCLUDED IN THE FINAL PROJECT REPORT FOR THIS PROJECT TO THE SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT.

CUSTOMER AGREES THAT IN ORDER TO PARTICIPATE IN THIS PROGRAM, THE COUNTY'S CONTRACTOR SHALL HAVE THE RIGHT TO ENTER THE PROPERTY OF THE WATER CUSTOMER, AFTER CONTACT WITH THE CUSTOMER OR REPRESENTATIVE, FOR THE PURPOSE OF PERFORMING DUTIES RELATED TO THIS LANDSCAPE AND IRRIGATION EVALUATION PROGRAM.

Date _____

Additional comments or questions? _____

By submitting this form, I affirm that I am the legal property owner, water account holder, or contracted property manager for this address.

Print hard copy | Reset form to blank | Submit by E-mail