

DRAINAGE SURVEY FORM

If you need clarification on your watering needs, please contact us immediately by email, provide details and drainage test results.

Time required to drain hole _____

Watering method - hose, soaker, drip

Amount of water required to fill hole _____, Reduce by 50% if very heavy slow draining soil _____

Plans to use inspection pipe Yes No

Number of inspection pipes _____

Days Plants will sit around _____

Slopes/drain pipes etc. _____

Patio, Driveway or sidewalk nearby, Yes No _____

Damp Area, Yes No

Watering System - hose, drip, drilled hose, **soaker hose-recommended system**

Large Trees in Area _____

Wide open area Yes No

Lots of Sun Yes, Half Day, Too little

Frequency guidelines for watering during ***normal*** weather for that time of year. Weather is ***seldom*** normal so be in touch with the weather and adjust according to the weather. If in doubt, email us.

April, May, June, July, August - every _____ hours

September - every ____ hours

October - every ____ hours

November - One very heavy watering just before ground starts to freeze up.