



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: (509) 886-6400 | FAX 886-6478

Environmental Health: (509) 886-6450 | FAX 886-6449

Pack bed/drip _____ Sand filter/ drip _____ ATU/drip _____ Other _____

Performance Demonstration Report Form Subsurface Drip Systems

Product Type

Geoflow _____ **Netafim** _____ **Other** _____

All dripline components are from the same manufacturer and are compatible with the product line used.

Verified by Designer/PE _____ Master Installer _____

Installation

Number of Driplines is _____ Total lineal feet is _____

Dripline Spacing (2-ft min) is _____ Orifice Spacing is _____

Dripline Depth (inches) is _____ Number of Zones _____

Cover Depth (inches) is _____

Components

Air Vacuum Relief Valves: # _____ Diameter _____

Flow Meter: _____ Filter: _____ Type/Size: _____

Flush Valves: Automated _____ Manual _____ or Continuous _____

Chemical Injector Port: _____ Pressure Gauge _____

Dosing

Number of doses/day _____ Time pump ON _____ / OFF _____

Pump Make and Model _____

Control Panel Make/Model _____

Testing/Inspection

Initial operating pressure of system (PSI) _____ Flush line pressure (PSI) _____

Initial measured system flow rate (GPM) _____

Total Flow for system (GPM) _____

System Water Tight: Yes _____ No _____

As the installer of record I have verified all data in above and it accurately represents the work that was performed at the site.

Licensed Installers Signature _____ **Date** _____

I have performance tested this system in accordance with the current Guideline for use of CDHD and this system has passed the performance test and As-Built inspections. All information supplied accurately represents what was observed at the site.

Designer/O&M Signature _____ **Date** _____