MWDOC Spray-to-Drip Rebate Program – Post-Inspection Form

Application #: _____ Retail Water Agency: _____ Contact Name: _____

Project Address: _____

• Pre-inspection Sq Ft: _____ • Post-inspection Sq Ft: _____

• **Final Rebate Eligible Area Sq Ft** *(whichever is less)*: _____

• **Were sprinklers removed/capped in all proposed areas?** ☐ YES ☐ NO

• **Do all converted areas have eligible drip irrigation?** ☐ YES ☐ NO

• **Drip Tubing Make and Model:** _____

• **Pressure Regulator Make and Model:** _____

• **Filter Make and Model:** _____

• **Additional Comments:**

_____

_____

_____

• **If present, Site Owner/Designee Name**: _____

Site Owner/Designee Signature: _____

I certify that the information provided is verified in accordance with the guidelines provided in the Agreement by our Staff who has no conflict of interest in the verification.

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

Authorizing Name: _____

Authorizing Signature: _____ Date: _____