CHEMIGATION: GROWER INTERVIEW AND SITE INSPECTION FORM

Installation ID: _____

Owner Name: _____

Location: _____

Type of Irrigation System: _____

CHEMIGATION SYSTEM COMPONENTS CHECK LIST

Please check the components that are currently on the growers' chemigation system

A. Water Source:

Farm Irrigation Well.....☐

Public Water Supply* .....☐

Other .....☐

Describe: _____

B. Chemigation System Location and Configuration:

At Wellhead, Electric Motor Driven .....☐

At Wellhead, Engine Driven .....☐

Remote From Wellhead .....☐

C. Required Irrigation System Components:

1. **BACKFLOW PREVENTER ASSEMBLY ON IRRIGATION PIPELINE**
   - Check Valve .....Single Valve ☐ Double Valve ☐
   - Vacuum Relief Valve.....☐
   - Low Pressure Drain .....☐
   - Other .....☐
     Describe_____

2. **AUTOMATIC QUICK CLOSING CHECK VALVE** on Pesticide Injection Line .....☐

3. **NORMALLY CLOSED SOLENOID OPERATED VALVE**
   - On Intake Side of Injection Pump .....☐
   - Interlocked to Pump.....☐

   Approved Alternatives
   - Spring-loaded Check Valve with 10 psi Minimum Cracking Pressure.....☐
   - Normally-closed Hydraulically Operated Check Valve .....☐
   - Vacuum Relief Valve in Pesticide Pipeline.....☐

4. **SYSTEM INTERLOCK** to Automatically Shut Off Pesticide Injection Pump
   - Electrical Interlock to Chemical Injection Pump .....☐
   - Belt Drive Direct to Drive Shaft .....☐

5. **LOW PRESSURE SWITCH** on Irrigation Line to Stop Irrigation Pump.....☐

6. **CHEMICAL INJECTION DEVICE**
   - Positive Displacement Injection Pump .....☐
   - Other .....☐
   - Describe _____

   Approved Alternative
   - Venturi Based Injection Device with Proper Check Valves .....☐

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D. Other

Pesticide Tank ..... ☐
Pesticide Tank Agitation
Required ..... ☐
Provided ..... ☐
Period of Pesticide Application
Continuous ..... ☐
Periodic..... ☐
Mixing Instructions Provided..... ☐
If no, explain _____
Recommended Range of Irrigation Applications:
Minimum _____ in. per set/round
Maximum _____ in. per set/round

E. System Designer

Property Owner/Operator ..... ☐
Dealer ..... ☐
Consultant ..... ☐
Other ..... ☐
Designer Name _____
Date Installed _____
Operator Name _____
Title _____

F. Operational Inspection

Note: Inspect for indications of satisfactory performance or indications of improper design or operation

Evidence of chemical spill ..... Yes ☐ No ☐
Explain _____

Evidence of piping materials deterioration ..... Yes ☐ No ☐
Explain _____

Evidence of leakage..... Yes ☐ No ☐
Explain _____

Evidence of valve malfunction..... Yes ☐ No ☐
Explain _____

General condition of the site
Satisfactory ..... ☐
Unsatisfactory ..... ☐
Explain _____

_____

Inspected By **Date**

*** The devices described do not necessarily conform to requirements for connections to public water ground water supplies; however this information is still valuable. If the answer to this question is "Yes," continue with the inspection, recording as much information as possible on the Site Inspection Form.**

Please forward the completed form to:
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