



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
AUTOMATIC IRRIGATION CERTIFICATE**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Automatic Irrigation Certificate Operating Instructions and Performance Date				
Permit Number:				
Contractor Name:			Owner Name:	
Address:			Address:	
Phone:			Phone:	
Location of Work:				
Please read and retain the enclosed Owner's Manual for the system controller. Operate your system daily for the first _____ weeks after installation. Reduce operation to two (2) days per week based on the application rates listed below. Timers shall be set to begin irrigating after 12:00 midnight and end irrigating before 6:00 A.M. The rain sensor should compensate for periods of natural rainfall. Be sure to keep the sensor clear of debris. Inspect system operation periodically.				
Application Rates				
ZONE	Flow Rate per Minute	Minutes Operated per week	Application per Month	Water Usage per Month
One				
Two				
Three				
Four				
Five				
Six				
Seven				
Eight				
Total Monthly Usage:				
Checklist				
<input type="checkbox"/> System Inspected with owner				
<input type="checkbox"/> Owner's Manual provided to owner				
<input type="checkbox"/> System programmed for initial operations				
<input type="checkbox"/> As built provided by owner				
Certification				
The Landscaper hereby certifies the above referenced automatic irrigation system has been installed in accordance with the specification established by the Town of Bluffton.				
_____		_____		_____
Print name		Signature of installer		Date
_____		_____		_____
Print name		Signature of owner/authorized agent		Date