

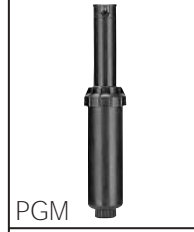
PS



SRS



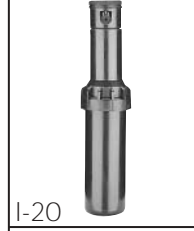
Pro-Spray®



PGM



PGP®



I-20



I-31



SJ



SRV



PGV



HPV



HCV



EC



Pro-C



ICR



SVC

Obstacles: \_\_\_\_\_

Observations: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Recommended hours of irrigation: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



Name of Project: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Basic Information**

Area: \_\_\_\_\_

Water Source: \_\_\_\_\_

Pressure: \_\_\_\_\_

Available water capacity: \_\_\_\_\_

Pump (data): \_\_\_\_\_

Soil Texture: \_\_\_\_\_

Slope: \_\_\_\_\_

Plants: \_\_\_\_\_

Others: \_\_\_\_\_