

Client:	Address:
Contact Info:	Date:
Tech:	

Lighting

Pond/Basin Size:
Stream Length/Width:
Total Elevation Change/Number of Drops:
Approximate Gallons in System:
Number of Fish (Size, Type):
Water Plants (Quantity and Type):
Type of Stone:
Size of Largest Stones:
Stone in Pond: Yes / No
Gravel in Pond: Yes / No
Auto Fill: Yes / No
Functioning Properly: Yes / No

Transformer Model/Size:
Number of 1 Watt LED:
Number of 3 Watt LED:
Number of 6 Watt LED:
Number of Incandescent:
Comments:
Recommended Improvements:

Water Garden Health

Biological:
Mechanical:
Ion Gen: Gen 1/ Gen 2 / None
Auto Doser: Gen 1 / Gen 2 / None
Comments:
Recommended Improvements:

Good Circulation:	Yes	/	No
Dead Spots:	Yes	/	No
Water Loss Issue in Pond/Basin:	Yes	/	No
Water Loss Issue in Stream/Waterfall:	Yes	/	No
Water Loss Issue in Plumbing:	Yes	/	No
Good Ratio of Fish:	Yes	/	No
Good Ratio of Water Plants:	Yes	/	No
Comments:			
Recommended Improvements:			

Additional Comments

Pump Models:
Pipe Size:
Estimated Flow:
Comments:
Recommended Improvements:

[illegible]