

Watering Schedule Variance Form for 2018

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| Subdivision | |
| Builder/Developer/HOA | |
| Contact Name | |
| Contact's Office Number | |
| Contact's Cell Phone Number | |
| Intersection near location where new sod/seed is to be placed* | |
| SOD to be placed on (date) | |
| The length of watering cycles will not exceed (minutes)** | |
| The 14 days of watering will begin on (date) | |
| The last day for special watering will be (date) | |
| 2 days a week watering will begin on (day and date) | |
| SEED will be placed on (date) | |
| The length of watering cycles will not exceed (minutes)** | |
| 14 days of 3 watering cycles will begin on (date) | |
| 1 cycle a day for 7 days will begin on (date) | |
| Every other day of 1 cycle watering will begin on (date) | |
| The last day for special watering will be (date) | |
| 2 days a week watering will begin on (day and date) | |

* Please attach a map or sketch of area with new sod/seed

** Please attach the proposed watering schedule - include days and start and finish times