

TESTING AND REPORTING RECORD

This testing and reporting record **shall** be completed, signed and dated after each inspection. A copy **shall** be retained by the Maintenance Company or Homeowner performing the inspection. A copy of the inspection **shall** be sent to the Permitting Authority within **14 days** of Inspection. If a Maintenance Company performed the inspection, a copy **shall** be sent to the system owner.

1. PROPERTY OWNER _____ Actual Date of Inspection _____

SITE ADDRESS _____ PERMIT# _____

2. SYSTEM INSPECTION

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerator	_____	_____
Filters	_____	_____
Application Pumps	_____	_____
Disinfecting Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Other as Noted _____	_____	_____

3. REPAIRS TO SYSTEM

(List all components replaced {including serial numbers}) _____

(CONTINUE ON BACK)

4. TEST REQUIRED AND RESULTS

<u>Test</u>	<u>Required</u>	<u>Results</u> mg/l or mpn/100ml	<u>Test Method</u> (Device Used)
BOD (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
TSS (grab)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cl 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fecal Coliform	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

5. GENERAL COMMENTS OR RECOMMENDATIONS _____

(CONTINUE ON BACK)

6. SIGNATURE (PERSON PERFORMING TEST) _____

7. Printed Name Of Person Performing Test _____
(Mfg Certified Individual's License or Registration Number)

PLEASE COMPLETE AND RETURN TO LOCAL PERMITTING AUTHORITY