Testing and Reporting

This testing and reporting record shall be completed, signed and dated after each maintenance check and test. One copy shall be retained by the homeowner and one copy shall be sent to the permitting authority.

System Inspection: Property Address: _____ Permit Number: Required frequency of maintenance check and tests (every 4 months) Actual date of test: _____ Person Performing Inspection: _____ (signature) Inspected Item: Operational: Inoperative:

Aerators Filters: Irrigation Pumps Recirculation Pumps Disinfection Device Chlorine Supply Electrical Circuits Distribution System Spray field Vegetation/Seeding (If applicable) Other as Noted NO

** LIDS WERE INSPECTED AND SECURED ** YES

Repairs to system (list all components replaced): _____

Tests required and results:

<u>Test</u>	<u>Required</u>	<u>Results</u>	<u>Test Method</u>
	Yes or No	mg/1,mpn/100ml or trace	
BOD (Grab)			
TSS (Grab)			
CL2 (Grab)			

General comments or recommendations:

After inspection, please mail this filled out form to: Grayson County Courthouse - OSSF

100 W. Houston – Suite G-3 Sherman, TX 75090