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		

**** LIDS WERE INSPECTED AND SECURED ** YES NO**

Repairs to system (list all components replaced): _____
_____
_____

Tests required and results:

Test	Required Yes or No	Results mg/1,mpn/100ml or trace	Test Method
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
Attn: AUDRA or DEANN