

### Testing and Reporting Record

This testing and reporting record shall be completed, signed, and dated after each maintenance check and test. One copy shall be retained by the maintenance provider performing the maintenance. The second copy shall be sent to the local permitting authority and the third copy shall be sent to the system owner.

1. Required frequency of maintenance check and tests - (daily, weekly, monthly, and quarterly, every 4 months).

2. System inspection: Actual date of test: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Permit Number: \_\_\_\_\_  
 Person Performing Inspection: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Licensed Maintenance Provider)

Company Name (if applicable): \_\_\_\_\_  
 Company physical address: \_\_\_\_\_  
 \_\_\_\_\_  
 Company Telephone: \_\_\_\_\_

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerators	___	___
Filters	___	___
Irrigation Pumps	___	___
Recirculation Pumps	___	___
Disinfection Device	___	___
Chlorine Supply	___	___
Electrical Circuits	___	___
Distribution System	___	___
Sprayfield Vegetation/Seeding (if applicable)	___	___
Other As Noted	___	___

3. Repairs to system (list all components replaced): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Access ports secured after maintenance and inspection activities were completed: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not secured, explain: \_\_\_\_\_  
 \_\_\_\_\_

5. Tests required and results:

<u>Test</u>	<u>Required</u> (Yes/No)	<u>Results</u> (mg/l, mpn/100 ml, or trace)	<u>Test Method</u>
BOD (grab)	___	_____	_____
TSS (grab)	___	_____	_____
CL <sub>2</sub> (grab)	___	_____	_____
Fecal Coliform	___	_____	_____

6. Date(s) responded to owner complaints during reporting period (attach copy of complaint and findings): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. General comments or recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_