

## SERVICE AND INSPECTION FORM

This resting and reporting shall be completed, signed and dated after each quarterly inspection. A copy of this report shall be turned in to the Brown County Permitting Authority.

1. Actual date of visit: \_\_\_\_\_
2. System Inspection of: \_\_\_\_\_

Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St. Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Inspected Items:	Operational	Inoperable	Not applicable
Aerator	( )	( )	( )
Aeration plumbing	( )	( )	( )
Air filter	( )	( )	( )
Effluent pump	( )	( )	( )
Chlorinator	( )	( )	( )
Ok system light	( )	( )	( )
Probe	( )	( )	( )
Sprinkler/Drip backwash	( )	( )	( )
Battery	( )	( )	( )

3. System repairs needed: \_\_\_\_\_
4. System repairs completed: \_\_\_\_\_
5. Tests required and results: \_\_\_\_\_

Test	Required	Results	Test Method
BOD (grab)	( )	_____	_____
TSS (grab)	( )	_____	_____
Fecal coliform	( )	_____	_____
Chlorine	( )	_____	_____

Air filter must be cleaned each service. Operation of effluent disposal system must be made each service, including chlorine residual test, effluent pump operation and sprinkler operation/drip backwash.

6. Comments \_\_\_\_\_  
 \_\_\_\_\_

Signature of person conducting inspection \_\_\_\_\_