

# INSPECTION REPORT

**Homeowner Name:** \_\_\_\_\_ **Permit:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Installer:** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip code** \_\_\_\_\_ **System Serial:** \_\_\_\_\_  
**Brand:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Item</b>	<b>Operational</b>	<b>Inoperative</b>	<b>N/A</b>
Aerator:	_____	_____	_____
Aerator Filters:	_____	_____	_____
Air Line/Diffusers:	_____	_____	_____
Chlorine Supply:	_____	_____	_____
High Water Alarm:	_____	_____	_____
Irrigation Pump:	_____	_____	_____
Distribution System:	_____	_____	_____
Turn off System / Pump Filter:	_____	_____	_____
Sludge Condition:	_____	_____	_____

<b>Test</b>	<b>Results</b>	<b>Test Method</b>
Total Chlorine Residual:	_____	_____
	(Must be a minimum of 0.1 mg/L Residual in Pump Tank)	
Fecal Coliform:	_____	_____
Bad Odor at time of inspection? Yes / No		Ants present around aerator? Yes / No

Repairs Made and Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(This report must be submitted to the Permitting Authority within 14 days of testing)