

FANNIN COUNTY TESTING AND REPORTING RECORD

This testing/reporting record **shall** be completed, signed and dated after each inspection. A copy **shall** be retained by the Maintenance Company or Approved Homeowner performing the inspection. A copy **shall** be sent to the Permitting Authority within **14 days** of Inspection. If a Maintenance Company performed the inspection, a copy **shall** be sent to the system owner **AND mark/punch Service Tag** at Control Box. All **EMERGENCY** visits **shall** be reported to the Permitting Authority.

PROPERTY OWNER _____

SITE ADDRESS _____ PERMIT# _____

Actual Date of Inspection _____ Next Inspection Due _____

1. SYSTEM INSPECTION: Routine ___ **Emergency/Owner Request** ___

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerator	_____	_____
Filters	_____	_____
Application Pumps	_____	_____
Disinfecting Device	_____	_____
Alarm Light & Alarm	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Sprinklers/Spray Field Area	_____	_____
Lids Secure Upon Arrival	_____	_____
Lids Secure at Departure	_____	_____
Other as Noted	_____	_____

2. REPAIRS TO SYSTEM (List components replaced, include S/N _____)

(CONTINUE ON BACK)

3. TEST REQUIRED AND RESULTS

<u>Test</u>	<u>Required</u>	<u>Results</u> <u>mg/l or mpn/100ml</u>	<u>Test Method</u> <u>(Device Used)</u>
BOD (grab)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
TSS (grab)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____
Chlorine Residual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Fecal Coliform	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	_____

Aeration Chamber: Water appearance _____ Odor _____ Sludge Level _____ Effluent quality _____

Pump Chamber: Water appearance _____ Odor _____ Sludge Level _____ Effluent quality _____

4. COMMENTS/RECOMMENDATIONS _____

5. OWNER NEEDS TO: ___ Call office for repairs ___ Cut grass ___ Poison ants ___ Add Chlorine ___ Have tanks pumped

6. SIGNATURE (PERSON PERFORMING TEST) _____

7. Printed Name Of Person Performing Test _____

(Mfg Certified Individual's License or Registration Number)

COMPLETE AND RETURN TO LOCAL PERMITTING AUTHORITY

1203 E. Sam Rayburn Dr., Bonham, TX 75418, Fax – 903-583-9281, Email: septicpermits@fanninco.net

INSPECTION REPORTS ARE DUE ONCE EVERY 4 MONTHS