

Homeowner OSSF Inspection Report Polk County

Maintenance Contract Expires:

1. Required frequency of maintenance check and tests: **make copies to use**
every four months

ACTUAL DATE OF INSPECTION: _____

2. System Inspection:
Permit #
Manufacturer:
Installation Date:
HO Inspector:
911 Address:

3.

<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)	_____	_____

4. Repairs to system (list all components replaced):

5. Sludge test results:
- | | <u>Treatment Tank</u> | <u>Aerobic Unit</u> | <u>Pump Tank</u> |
|--------|-----------------------|---------------------|------------------|
| Sludge | _____ | _____ | _____ |

6. General comments or recommendations:

SIGNATURE: _____