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Homeowner OSSF Inspection Report
Polk County

Clear Form

Maintenance Contract Expires: _____

1. Required frequency of maintenance check and tests: **EVERY FOUR MONTHS**

ACTUAL DATE OF INSPECTION: _____

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

3. Inspected Item — Operational — YES — NO — Clear Yes/No

Inspected Item	YES	NO
Aerators	○	○
Filters	○	○
Irrigation Pumps	○	○
Recirculation Pumps	○	○
Disinfection Device	○	○
Chlorine Supply	○	○
Electrical Circuits	○	○
Distribution System	○	○
Sprayfield Vegetation/Seeding (if applicable)	○	○

If you Check "NO" for any item add comment below

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

5. Sludge test results:

	Treatment Tank	Aerobic Unit	Pump Tank
Sludge - measurement			

6. General comments or recommendations:

SIGNATURE:

Email Digitally-Signed Report to permits@co.polk.tx.us
or Manually Sign Report and Mail to address below.

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