

HOMEOWNER REPORTING and TESTING RECORD

This testing and reporting record shall be completed, signed, and dated after each maintenance check and test. One copy shall be retained by the homeowner performing the maintenance and a copy shall be sent within 14 calendar days to the Designated Representative for McLennan County. Required frequency of maintenance check and tests is every four (4) months.

Date of Inspection: _____

Property Address: _____

Permit Number: _____

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>N/A</u>
<u>Aerators</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Filters</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Irrigation Pumps</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Recirculation Pumps</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Disinfection Device</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Chlorine Supply</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Electrical Circuits and Alarms</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Distribution System</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprayfield Vegetation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other as Noted</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Repairs to system (list all components replaced and actions taken):

Tests required and results:

<u>Tests</u>	<u>Results</u>	
Chlorine	_____	(.1 mg/l minimum residual)
(Required each inspection)		

General comments: _____

I certify this report and test were done according to T.C.E.Q. rules and regulations. Access ports were secured after maintenance and inspection activities were completed.

Homeowner Performing Inspection: _____ Signature: _____