

Homeowner Maintenance Report

Sample Testing and Reporting Record

Retain a copy for your record and send one copy to **Guadalupe County Environmental Health**.

Required Frequency of maintenance check and testing no less than every 4 months unless instructed otherwise.

Actual Date of test: _____

Property Address: _____

Permit Number: _____

Person Performing Inspection: _____

Signature: _____

<u>Inspected Items</u>	<u>Operational</u>	<u>NEEDS REPAIR</u>
Aerators	_____	_____
Filters	_____	_____
Irrigation Pumps	_____	_____
Recirculation Pumps	_____	_____
Sludge Condition	_____	_____
Disinfection Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Spray Field Vegetation	_____	_____
Other as Needed	_____	_____

Tests Required and Results:

<u>Test</u>	<u>Required</u>	<u>Results</u>	<u>Test Method</u>
	<u>Yes/No</u>	<u>mg/l, mpn/100ml, or trace</u>	
BOD (Grab)	_____	_____	_____
TSS (Grab)	_____	_____	_____
Cl2 (Grab) <i>Fecal Coliform</i>	_____	_____	_____

Safety Lids Secured: Yes/No

Repairs Completed:

