

**INDIVIDUAL MECHANICAL TREATMENT PLANT WARRANTY INSPECTION /
SERVICE REPORT**

1. SITE INFORMATION:

Date of inspection:

Permit Number:

Date of installation:

Owner/Responsible Party Name:

ID tag #:

Address:

City/State/Zip:

Parish:

ID tag initialed and dated:

Location of ID tag:

(This is mandatory for the 2 year warranty inspections)

2. REASON FOR INSPECTION:

Inspection #:

Date of Contract:

3. MAINTENANCE PROVIDER:

Name:

License #

Phone Number:

Company Name:

4. MECHANICAL TREATMENT PLANT: (Please note any problems in the comment section below)

Manufacturer:

Model:

The visual assessment of the effluent quality meets the manufacturer's recommendations. (Provide comment on visual assessment and any odors present)

All required access/inspection ports are accessible and secured when applicable.

Is the system in need of a pump out:

Method used to determine:

Date system pumped out:

Hauler's/Company Name:

All components installed requiring electrical connections are functioning properly and wired to electrical code.

Alarm components (visual and audible) are in place and working.

5. AERATOR: (Please note any problems in the comment section below)

Manufacturer:

Model:

Serial #:

Proper electrical connection:

New aerator installed:

(If new aerator installed put in applicable information for Manufacturer, Model, & Serial # above)

6. PUMP STATION: (Please note any problems in the comment section below)

All required components/connections are functioning to manufacturers recommendations.

7. EFFLUENT REDUCTION: (Please note any problems in the comment section below)

Effluent reduction field is operating and functioning to manufacturer's recommendations.

8. BACKWATER VALVE: (Please note any problems in the comment section below)

Backwater valve is in place and functioning properly.

9. CHLORINATOR: (Please note any problems in the comment section below)

Chlorinator is functioning as required and effluent disinfection type meets required standards.

COMMENTS: Please describe any problems in detail that you have found which may cause this mechanical treatment plant and all related components not to function to manufacturers specifications which may create a nuisance or public health hazard.

NOTE: The owner/responsible party shall be notified, in writing, about improper system operation that cannot be remedied at the time of inspection; this notification shall include an estimated date for correction. The owner/responsible party must receive a copy of all warranty/inspection forms. If the owner is not available at time of service, a copy should be mailed to the responsible party/owner.

The installer/maintenance provider is required to keep copies of all warranty/inspection reports.

Signature Installer/Maintenance Provider:

License #: