

Testing and Reporting

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 and one copy shall be sent to the permitting authority.

System Inspection: **Property Address:** _____

Permit Number: _____

Required frequency of maintenance check and tests (every 4 months)

Actual date of test: _____
Person Performing Inspection: _____

 (signature)

Inspected Item: **Operational:** **Inoperative:**

Aerators		
Filters:		
Irrigation Pumps		
Recirculation Pumps		
Disinfection Device		
Chlorine Supply		
Electrical Circuits		
Distribution System		
Spray field Vegetation/Seeding (If applicable)		
Other as Noted		

Repairs to system (list all components replaced): _____

Tests required and results:

<u>Test</u>	<u>Required</u> Yes or No	<u>Results</u> mg/l, mpn/100ml or trace	<u>Test Method</u>
BOD (Grab)			
TSS (Grab)			
CL ₂ (Grab)			

General comments or recommendations: _____

After inspection, please mail this filled out form to: Grayson County Health Department
 205 N. Houston
 Denison, TX 75021
Attn: AUDRA BURNETT