Print Form

SF-03C
(Rev. 8/10)

EXISTING MECHANICAL TREATMENT SYSTEM INSPECTION FORM

Date of Request: _____ Date of Inspection: _____

Owner's Name: _____ Record Update: _____

Physical Address: _____

Mailing Address: _____

Date of Installation: _____ Permit Number: _____ Tag Number: _____

System Brand: _____ Size: _____ gpd

Aerator Model: _____ Aerator Serial #: _____

Sample Port Provided: _____ Control Box/Alarm in Place: _____ Access Ports at Ground Level: _____

System Maintained: _____ Date Serviced: _____ Date System Pumped Out: _____

Hauler Company Name: _____ Maintenance Contract Provider: _____

Discharge Condition: _____ Discharge Location: _____

All Distance Requirements Met: _____

Additional comments: _____

Sanitarian conducted survey: _____ R.S.#: _____

System Approved for Use: _____

GPS Coordinates: Latitude _____ Longitude _____