

DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

Annual Alternative Sewage Disposal System Maintenance Report

Site Address: _____ APN _____ Site # _____

Report completed by (print name/signature): _____

Performance Well Data		Date		Contact phone	
Well Number	Depth of water in well (inches below ground surface)*	Well Number	Depth of water in well (inches below ground surface)*		
1		5			
2		6			
3		7			
4		8			

*Note: * if a well is dry (no water) indicate "Dry" and write the total depth of well (inches below ground surface).*

Indicate the following information from the **Control Panel** (include any comments in the box below);

Recirculation (R):
R Pump cycles (count) _____ **R Elapse time meter (ETM)** _____
R High level alarm (HLA) (# of events) _____ **R Overrides** (# of events) _____

Discharge (D):
D Pump cycles (count) _____ **D ETM** _____
D HLA events (# of events) _____ **D Overrides** (# of events) _____

Number of Compressor failures _____ **Operating Time** (hrs) _____

Low Level Alarm (LLA) events _____ **Power failures** _____

Inspect and verify the following:

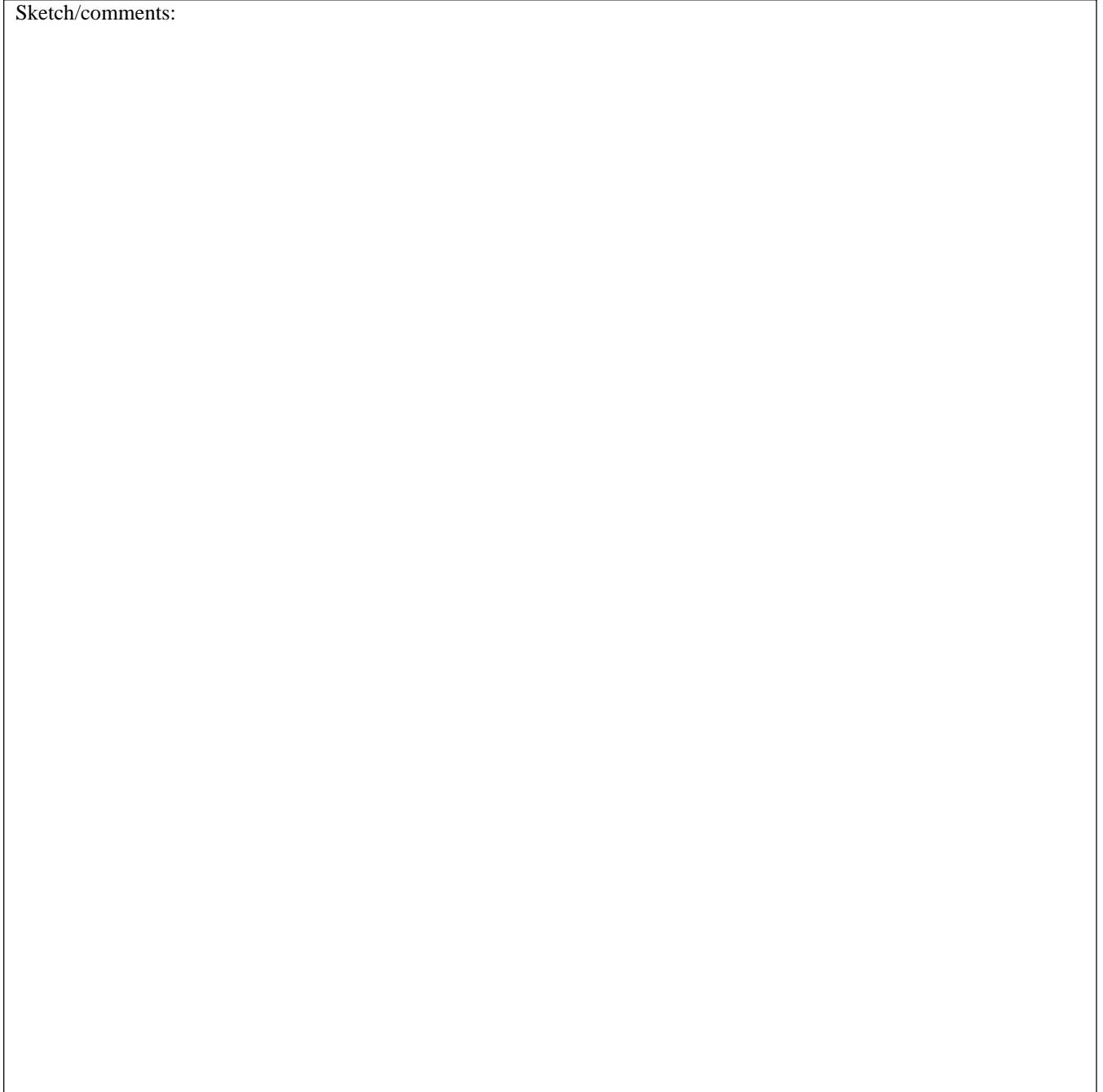
- Tank scum & sludge levels acceptable? _____
- Alarm System (test float switches) _____
- Clean tank filters, spin filters or air filters _____
- Surfacing of sewage? _____
- Test purge and adjusting valves, and flush lines _____
- Condition of risers, monitoring wells, and valve boxes _____
- Condition of disposal field (traffic & livestock) _____

□

Calculate Gallons per day (GPD) used if possible _____

Additional Comments: (Include the general condition and location of the disposal field, wells, valve boxes, and any problems such as erosion, ponding, or leakage). Please sketch the general location of the monitoring wells and indicate numbers for the monitoring wells.

Sketch/comments:

A large empty rectangular box with a thin black border, intended for a sketch or handwritten comments. The box is currently blank.