

GREGG COUNTY HEALTH DEPARTMENT

405 East Marshall Avenue

Office (903) 237-2628

Fax (903) 237-2608

TESTING AND REPORTING RECORD

This testing and reporting record **shall** be completed, signed and dated after each inspection. A copy **shall** be retained by the Maintenance Company for review by the permitting authority, a copy **shall** be sent to the system owner and a copy **shall** be sent to the permitting authority.

1. PROPERTY OWNER _____ Actual Date of Inspection _____

PERMIT # / SITE ADDRESS _____

2. SYSTEM INSPECTION

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerator	_____	_____
Filters	_____	_____
Application Pumps	_____	_____
Disinfecting Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Other as Noted _____	_____	_____

3. REPAIRS TO SYSTEM

(List all components replaced) _____

(CONTINUE ON BACK)

4. TEST REQUIRED AND RESULTS

<u>Test</u>	<u>Required</u> <u>Yes/No</u>	<u>Results</u> <u>mg/l or mpn/100ml</u>	<u>Test</u> <u>Method</u>
BOD (grab)	_____	_____	_____
TSS (grab)	_____	_____	_____
Cl 2	_____	_____	_____
Fecal Coliform	_____	_____	_____

5. GENERAL COMMENTS OR RECOMMENDATIONS _____

(CONTINUE ON BACK)

6. SIGNATURE (PERSON PERFORMING TEST) _____

Printed Name Of Person Performing Test _____

(License or Registration Number)

PLEASE COMPLETE AND RETURN TO GREGG COUNTY HEALTH DEPARTMENT