Proprietary Treatment System Inspection & Maintenance Form

Paper form for note taking during proprietary treatment system inspections and maintenance. This is for systems installed on or after January 1, 2018. Information collected will be used to evaluate system performance, reliability, and common causes of malfunction. This form must be submitted to the County Sanitarian.

County Information

County: _____ **County Construction Permit Number:** _____

Certified Technician & System Profile

Provide the Certified Technician and visit details, and identify the specific proprietary treatment system model being serviced during this visit. Check the manufacturer data plate on the unit or control panel for accuracy.

First Name: _____ **Last Name:** _____ **Date of Visit:** _____

Purpose of this Visit

- ☐ Routine/Scheduled Maintenance Inspection
- ☐ Repair/Troubleshooting Call
- ☐ Other: _____

Proprietary Treatment System Type

- ☐ Aerobic Treatment Units (ATUs)
- ☐ Coconut Biofilter
- ☐ Synthetic Foam/Polystyrene Bead Filter
- ☐ Textile/Fabric Filter
- ☐ Peat Moss Biofilter
- ☐ Other: _____

System Manufacturer:

- ☐ Aero-Stream, LLC
- ☐ Anua
- ☐ AquaKlear, Inc.
- ☐ Bio-Microbics, Inc.
- ☐ Clearstream Wastewater Systems, Inc.
- ☐ Consolidated Treatment Systems, Inc.
- ☐ E-Z Treat
- ☐ Ecological Tanks, Inc.
- ☐ Eljen Corporation
- ☐ Fuji Clean USA, LLC
- ☐ Hoot Systems, LLC
- ☐ Hydro-Action Industries
- ☐ Infiltrator Water Technologies, LLC
- ☐ Jet, Inc.
- ☐ Norweco, Inc.
- ☐ Orenco Systems, Inc.
- ☐ PC Biofilter, LLC (Planet Care)
- ☐ Premier Tech Water & Environment Ltd
- ☐ Sludge Hammer Group Ltd.
- ☐ Other: _____

System Model Number: _____ **Are maintenance records available?** ☐ Yes ☐ No

Malfunction Analysis & Corrective Action

This section is only required if the system is not functioning correctly at the time of the visit. If a system failure or active malfunction was observed during the visit, state law requires the documentation of immediate corrective actions taken and an analysis of the underlying physical, mechanical, or design deficiencies.

Equipment Malfunction(s) Observed: _____

Corrective Action(s) Taken: _____

Primary underlying cause of the system deficiency: (check only one)	**Contributing cause(s) of the system deficiency: (can be multiple)**
☐ Improper installation	☐ Improper installation
☐ Improper design	☐ Improper design
☐ Lack of required maintenance	☐ Lack of required maintenance
☐ Improper operation or mechanical malfunction	☐ Improper operation or mechanical malfunction
☐ Other: _____	☐ Other: _____

Effluent Sampling Data

This section is only required if the system has an authorization under NPDES General Permit No. 4 or if samples have been collected as a part of routine maintenance and monitoring. Enter the numerical value for the most recent $CBOD_5$, TSS, and/or *E. coli* effluent sampling. If no effluent sampling data is available, enter "N/A" for the result.

$CBOD_5$ (mg/L): _____ **TSS (mg/L):** _____ ***E. coli* (CFU/100mL):** _____