

# White Knight™ Maintenance Visit Record

Massachusetts

Owner Information	
Owner Name	_____
Address	_____
City _____ St _____ ZIP _____	
Serial # _____ Date Visited _____	
GPS Info: Lat. _____ Long. _____	

Service Provider Information	
Company Name	_____
Address	_____
City _____ St _____ ZIP _____	
Field Technician	_____
Operator #	_____

**Purpose of Visit:** \_\_\_ Scheduled maintenance \_\_\_ Customer concern \_\_\_ Spot check

**Observations:**

**Liquid color:** \_\_\_ Grey \_\_\_ Brown \_\_\_ Clear \_\_\_ Other (specify) \_\_\_\_\_

**Filter:** \_\_\_ Clear \_\_\_ Clogged **Clogging material:** \_\_\_ Bacteria \_\_\_ Fecal

**Bubble Pattern:** \_\_\_ Normal \_\_\_ Abnormal (describe) \_\_\_\_\_

**Unit:** \_\_\_ Clear \_\_\_ Partially clogged \_\_\_ Mostly clogged

**DO:** \_\_\_\_\_ pp/m **Test method:** \_\_\_ Meter \_\_\_ Chemets kit \_\_\_ other: \_\_\_\_\_

**Bacteria Growth:** \_\_\_ Outside \_\_\_ Inside \_\_\_ On Media

**Tank level:** \_\_\_ Normal \_\_\_ High \_\_\_ Low

**Well level:** \_\_\_ Inches below grade (by physical measurement-see back)

**Other unusual observations:** \_\_\_\_\_

**Air Chamber**

**Chamber Condition:** \_\_\_ Dry \_\_\_ Moisture Present

**Air Pump:** \_\_\_ Normal Operation \_\_\_ Abnormal Operation (note below)

**Alarm System:** \_\_\_ Alarm sounding \_\_\_ Alarm Checked

**Air Filter:** \_\_\_ Dirty upon arrival \_\_\_ Cleaned before leaving

Notes: \_\_\_\_\_

**Air Line**

\_\_\_ Union installed and tight \_\_\_ All fittings tight

Notes: \_\_\_\_\_

***Effluent Filter:***

\_\_\_ Clogged upon arrival    \_\_\_ Cleaned prior to leaving

Notes: \_\_\_\_\_  
\_\_\_\_\_

***White Knight***

\_\_\_ Flow Even and Sufficient    \_\_\_ Bacteria replenished    \_\_\_ All hardware in place

Notes: \_\_\_\_\_  
\_\_\_\_\_

***Soil Absorption System***

**Field Monitoring System Inspection**

Data log last report date	Current time:
Current Level	Inches below original
Low Average Hourly Level	In last 30 days
Temperature at time of inspection	
Last Download Date	

***Modifications or Repairs made:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Documentation***

\_\_\_ Directions to property accurate and complete  
\_\_\_ Corrected directions on Back  
\_\_\_ Service visit notice left with system owner  
\_\_\_ Information recorded in Database. Date \_\_\_\_\_

Other notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Technician's Signature*** \_\_\_\_\_