

AdvanTex® AX-RT Field Maintenance Report

Property Owner/Tracking #			Operator	
Site Address				Contact Phone
AX Site ID #	County ID #	Pod #	RTU #/UL #	Date of Last Inspection

Retrieve O&M Info

Daily flow _____

Timer settings: _____

Perform Field Sampling/Observations

NTU (15 ± NTUs)	pH (6-9)	DO (2-6)
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Odor of Sample

Typical Musty Earthy Moldy
 Non-typical Sulfide Cabbage Decay

Oily film in PVU Yes No

Foam in tank Yes No

Check Control Panel

Recirc Amps	Discharge Amps
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Audible and visual alarms OK
 Dial tone (telemetry only) Yes No

Inspect/Clean System

	Inspect	Clean
Septic Tank Effluent Filter	<input type="checkbox"/>	<input type="checkbox"/>
AX-RT Lid	<input type="checkbox"/>	<input type="checkbox"/>
Risers/Lids	<input type="checkbox"/>	<input type="checkbox"/>
Splice Box(es)	<input type="checkbox"/>	<input type="checkbox"/>
Float Cords	<input type="checkbox"/>	<input type="checkbox"/>
Floats	<input type="checkbox"/>	<input type="checkbox"/>
Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>
Recirc-Blend Chamber	<input type="checkbox"/>	<input type="checkbox"/>
Recirculation Pumping System	<input type="checkbox"/>	<input type="checkbox"/>
Laterals and Spin Nozzles	<input type="checkbox"/>	<input type="checkbox"/>
Recirc-Filtrate Chamber	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Pumping System (if installed)	<input type="checkbox"/>	<input type="checkbox"/>

Measure Sludge/Scum

	Sludge		Scum	
	Current	Previous	Current	Previous
1st Compartment				
2nd Compartment				

Inspect/Clean AdvanTex Filter

Odor: Normal Pungent Inspect Clean
 Biomat: Normal Excessive Laterals/Orifices Intake Vent
 Bridging/Ponding: None/Minor Excessive

Inspect/Clean Discharge Pumping System

Inspect Clean

Riser/Lid Floats

Splice Box Pump

Float cords

Inspect/Service Other System Components

Inspect Clean

Disinfection Equipment Dispersal Laterals/Orifices

Dispersal Type _____

Additional Services Rendered

Cleaned textile sheets? Replaced UV lamp?
 Replaced/Used other items?

Parts Used: W = Warranty, B = Billable (✓ appropriate selection)

W	B	Item Number	Description

Final/Safety Inspection

Lids bolted on
 Control panel reactivated

Summary/Recommendations

System performing; no further action needed Tank needs pumping
 Call for service Other? _____

Comments _____

Signature _____ Date _____

Fax completed form to 1-866-384-7404