

AdvanTex® 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 _____
 Recirc ratio _____
 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 Pump System

	Inspect	Clean
Riser/Lid	<input type="checkbox"/>	<input type="checkbox"/>
Splice Box	<input type="checkbox"/>	<input type="checkbox"/>
Float Cords	<input type="checkbox"/>	<input type="checkbox"/>
Floats	<input type="checkbox"/>	<input type="checkbox"/>
Pump	<input type="checkbox"/>	<input type="checkbox"/>
Biotube® Filter	<input type="checkbox"/>	<input type="checkbox"/>
Biotube Pump Vault	<input type="checkbox"/>	<input type="checkbox"/>
Recirculating Splitter Valve	<input type="checkbox"/>	<input type="checkbox"/>

Measure Sludge/Scum

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

Inspect/Clean AdvanTex Filter

Odor: <input type="checkbox"/> Normal <input type="checkbox"/> Pungent	Laterals/Orifices <input type="checkbox"/> <input type="checkbox"/>
Biomat: <input type="checkbox"/> Normal <input type="checkbox"/> Excessive	Pod Bottom <input type="checkbox"/> <input type="checkbox"/>
Bridging/Ponding: <input type="checkbox"/> None/Minor <input type="checkbox"/> Excessive	Intake Vent <input type="checkbox"/> <input type="checkbox"/>

Inspect/Clean Discharge Pump System

Riser/Lid <input type="checkbox"/>	Floats <input type="checkbox"/> <input type="checkbox"/>
Splice Box <input type="checkbox"/>	Pump <input type="checkbox"/> <input type="checkbox"/>
Float cords <input type="checkbox"/>	

Inspect/Service Other System Components

Disinfection Equipment <input type="checkbox"/> <input type="checkbox"/>	Dispersal Laterals/Orifices <input type="checkbox"/> <input type="checkbox"/>
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Dispersal Type _____

Additional Services Rendered

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

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

W	B	Item Number	Description

Final/Safety Inspection

RSV reinstalled Lids bolted on
 Manifold reconnected; flush valves closed 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