

FIELD INSPECTION & SERVICE REPORT

$\mathsf{FAST}_{\tiny{\texttt{\tiny{\$}}}} \text{ wastewater treatment systems}$

Installation Address Owner Name Mail Address City State Zip City State Zip Phone Fax e-mail INSTALLATION INFORMATION Model No. Serial No. Date of Installation MAINTENANCE PERFORMED AND COMMENTS	INSTALLATION				AUTHORIZED SERVICE PROVIDER		
Owner Name Mail Address City State Zip City State Zip Phone Fax e-mail INSTALLATION INFORMATION Model No. Serial No. Date of Installation MAINTENANCE PERFORMED AND COMMENTS	Lustallation Addusca				Nama		
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EQUIPMENT YES NO AND COMMENTS	Model No.	Model No. Serial No.			Date of Installat	ion	Date of last pumpout
EQUIPMENT YES NO AND COMMENTS							
					MAINTENANCE PERFORMED		
	EQUIPMENT YES		NO		AND COMMENTS		
Electrical Panel(s)	Electrical Panel(s)						
Visual Alarm Operating							
Audio Alarm Operating							
(if present)							
Blower(s)							
Air Inlet Filter Clean							
Blower Hood Vents Clear							
Excessive Noise							
Excessive Vibration							
Treatment Unit(s)							
Unusual Odor							
Pumpout Required:							
Primary Settling Zone							
Aerobic Treatment Zone							
EFFLUENT(options) LIMIT RESULT		LIMI	Γ RESU	ULT			
Estimated Daily Flow							
pH (Standard Units) 6-9 S.U.		6-9 S.U.					
Color Clear							
Temperature		0.000					
Odor Slightly		Slightly					
Musty odor		Musty ode	or				
(not septic)							
OWNER SIGNATURE TECHNICIAN SIGNATURE SERVICE DATE	OWNER SIGNATURE		TECHNICIAN SIGNATURE				SERVICE DATE