

# Field Inspection & Service Report For Smith & Loveless Modular FAST<sup>®</sup> Systems

| INSTALLATION          |  | AUTHORIZED SERVICE PROVIDER |   |
|-----------------------|--|-----------------------------|---|
| Installation Address: |  | Name:                       | J&R Sales & Service Inc.                  |
| Owner Name:           |  | Contact Name:               | Bill Everett                              |
| Owner Mail Address:   |  | Mail Address                | 44 Commercial Street<br>Raynham, MA 02767 |
| Phone:                |  | Phone:                      | (508) 823-9566                            |
| Fax:                  |  | Fax:                        | (508) 880-7232                            |
| E-Mail:               |  | E-Mail:                     |   |

| INSTALLATION INFORMATION |            |                      |                       |
|--------------------------|------------|----------------------|-----------------------|
| Model No.                | Serial No. | Date of Installation | Date of Last Pump Out |
|                          |            |                      |                       |

| Equipment                                      | Yes | No | Maintenance Performed and Comments |
|--|-----|----|------------------------------------|
| 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                                   |     |    |                                    |
| Pump Out Required:                             |     |    |                                    |
| Primary Settling Zone (Sludge Depth ____ in.)  |     |    |                                    |
| Aerobic Treatment Zone (Sludge Depth ____ in.) |     |    |                                    |

| Effluent (Optional)  | Limit | Result |  |
|----------------------|-------|--------|--|
| Estimated Daily Flow |       |        |  |
| pH (Standard Units)  |       |        |  |
| Color                |       |        |  |
| Temperature          |       |        |  |
| Odor                 |       |        |  |

|                             |                     |
|-----------------------------|---------------------|
| <b>Technician Signature</b> | <b>Service Date</b> |
|                             |                     |



Form: 04-06-642

**Smith & Loveless Inc.**

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