

Massachusetts Site Inspection Form

Draft Project Number Date: Site Name Field Tech: Address: Weather Conditions: Blower Pressure: Depth to Water in Leach Field: IP-1 IP-2 IP-3 Blower Run Schedule: Air Filter Condition: Good ☐ Fair ☐ Needs Replacement ☐ Changed ☐And OK Float Circuit Tested: ☐ Not Applicable Louvers cleaned: □Yes ■ Not Dirty Smoke Test: ☐Yes ☐ No Parts Used: Time Spent: Mileage: Notes: This section for accounting office use only

Received on:

Billed by:

Billed on: