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Homeowner OSSF Inspection Report
Polk County

Clear Form

Maintenance Contract Expires: _____

1. Required frequency of maintenance check and tests: **EVERY FOUR MONTHS**

ACTUAL DATE OF INSPECTION: _____

2. System Inspection:
   Permit#
   Manufacturer:
   Installation Date:
   HO Inspector:
   911 Address:

3. Inspected Item

Inspected Item	Operational YES	NO
Aerators		
Filters		
Irrigation Pumps		
Recirculation Pumps		
Disinfection Device		
Chlorine Supply		
Electrical Circuits		
Distribution System		
Sprayfield Vegetation/Seeding (if applicable)		

Clear Yes/No

If you Check "NO" for any item add comment below

4. Repairs to system (list all components replaced):

5. Sludge test results:

	Treatment Tank	Aerobic Unit	Pump Tank
Sludge - measurement			

6. General comments or recommendations:

SIGNATURE:

Save your Changes; then Email Digitally-Signed Report to permits@co.polk.tx.us or Manually Sign Report and Mail to address below.

602 E. Church St., Suite 141 Livingston, Texas 77351 (936) 327-6820 opt 1 Fax: (936) 327-6867