



## HOME AERATION SEWAGE TREATMENT FACILITY INSPECTION REPORT

Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Street: \_\_\_\_\_ Plant Mfg.: \_\_\_\_\_  
City: \_\_\_\_\_ Distributor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Service Co.: \_\_\_\_\_  
Directions to House: \_\_\_\_\_  
Controls Location: \_\_\_\_\_  
Plant Location: \_\_\_\_\_

### GROUNDS

- ☐ Surface Drainage  
☐ Weeds, Debris, Etc.  
☐ Access

### CONTROLS

- ☐ Timer \_\_\_\_\_  
☐ Warning Device \_\_\_\_\_  
☐ Overload Protection  
☐ Wiring/Power

### PRE-TREATMENT

- ☐ Type \_\_\_\_\_  
☐ Size \_\_\_\_\_  
☐ Condition \_\_\_\_\_

### AERATION COMPARTMENT

- ☐ Aerator  
☐ Wiring/Power  
☐ Roll  
☐ Splash Bowl  
☐ Excessive Scum  
☐ Septic Solids, odor  
☐ Vent  
☐ Outlet Weir

### SETTLING COMPARTMENT

- ☐ Skimmer  
☐ Tube Settlers  
☐ Outlet Tee  
☐ Floating Solids

### TERTIARY SYSTEM

- ☐ Type \_\_\_\_\_  
☐ Filter Material  
☐ Backwash Pump  
☐ Liquid Level

### POST-AERATION

- ☐ Type \_\_\_\_\_  
☐ Blower/Air Line  
☐ Solids

### CHLORINATION

- ☐ Type \_\_\_\_\_  
☐ Stocked  
☐ Outlet  
☐ Baffles  
☐ Solids Accumulation

### EFFLUENT

- ☐ Clarity  
☐ Odor  
☐ Color  
☐ DO  
☐ BOD  
☐ SS  
☐ pH  
☐ Chlorine Residual  
Free \_\_\_\_\_ Total \_\_\_\_\_

Remarks:

Deficiencies must be corrected no later than: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Sanitarian Reviewer: \_\_\_\_\_