

HOME OWNER'S REPORTING FORM

RETURN ONE COPY TO: COUNTY JUDGE'S OFFICE

TRINITY COUNTY  
P.O. BOX 457  
GROVETON, TX 75845

OSSF TESTING AND REPORTING RECORD

This testing and reporting record shall be completed, signed, and dated after each maintenance check and test. One copy shall be retained by the maintenance company, or, if applicable, the homeowner performing the maintenance. The second copy shall be sent to the local permitting authority (Trinity County Judge's Office) and, if applicable, the third copy shall be sent to the system owner.

1. It is the homeowner's responsibility to check the chlorine level periodically and add the necessary chlorine. If the system sprays without chlorine, it can cause airborne diseases. Required frequency of maintenance check and tests - (every 4 months).

Actual date of test: \_\_\_\_\_ \*

2. System inspection: Owner Name \_\_\_\_\_ \*\*

Property Address \_\_\_\_\_

Permit Number: \_\_\_\_\_

Person Performing Inspection: \_\_\_\_\_

Signature \_\_\_\_\_

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>
Aerators	_____	_____
Filters	_____	_____
Irrigation Pumps	_____	_____
Recirculation Pumps	_____	_____
Disinfection Device	_____	_____
Chlorine Supply	_____	_____
Electrical Circuits	_____	_____
Distribution System	_____	_____
Sprayfield Vegetation/Seeding (if applicable)	_____	_____
Other as Noted	_____	_____

3. Repairs to system (list all components replaced): \_\_\_\_\_

4. Tests required and results:

<u>Test</u>	<u>Required</u>		<u>Results</u> mg/l. mpn/ 100 ml, or trace	<u>Test Method</u>
	<u>Yes</u>	<u>No</u>		

5. Date(s) responded to owner complaints during reporting period (attach copy of complaint and findings): \_\_\_\_\_

6. General comments or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_