

LPP/Mound Inspection Report

SERVICE PROVIDER			
Company Name: _____	Technician: _____		
Service Date: _____			

HOMEOWNER			
Name: _____			
Address: _____	City: _____	Township _____	

	SITE PLAN North Arrow House Tank(s) Mound Cracking Ponding
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DOSING TANK			
Cycle Count Reading: _____	Timer Settings ON: _____		OFF: _____
	YES	NO	
Control Box Secure	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Alarms Function	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Float Activation	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Debris/Solids in Tank	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Septic Tank Filter	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Weep Hole Open	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____

MOUND				Designed Squirt Height _____ ft.	
	YES	NO			
Ponding Visible	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____		
Mound Cracks	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____		
Grass Maintained	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____		
Laterals Flushed	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____		
Squirt Height(ft.)	Lateral 1	Lateral 2	Lateral 3	Lateral 4	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Remarks: _____
