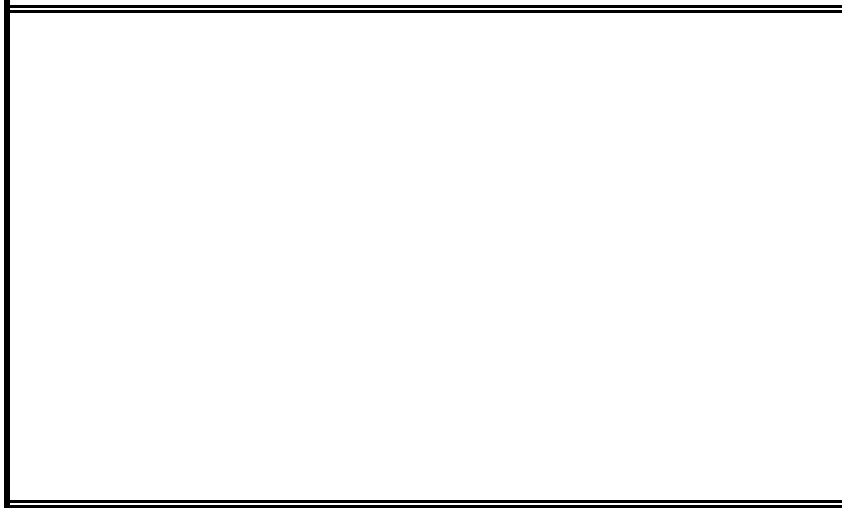


# Aeration Inspection Form

**HOMEOWNER** DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Township \_\_\_\_\_



**SITE PLAN**  
North Arrow  
Structures  
Tank(s)

System Manufacture: \_\_\_\_\_

**Inspection:**

YES	NO	Corrective Actions
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

- Motor Operating
- Sufficient air movement
- Panel Operational
- Effluent filter cleaned
- Tank in good condition
- Does tank require pumping
- Motor removed and cleaned
- Electrical in good condition

System working Properly

Inspected by: \_\_\_\_\_