

SSTS COMPLIANCE MAINTENANCE & MONITORING REPORT

For OPERATING PERMIT # _____

To be completed by a Service Provider

(Please Print)

Property Owner Name: _____ PID# _____

System Location: _____

Address

City

Zip

What is the Design flow for the system _____ Gallons/Day

For this Operating Permit period: Maintenance, Monitoring & Service activities performed:

Description

Date(s)

Do you have a service agreement for this STS? Yes- expiration date: _____ No

Flow Monitoring via: event counter H2O meter elapsed time meter

What is the average daily flow being dispersed into the system _____ Gallons/Day

Please note any problems with system and actions Proposed or Taken to correct:

In your opinion have the Operating Permit monitoring requirements been met? Yes No
Please identify any recommended revisions to the maintenance/monitoring plan of this

system: _____

I hereby certify with my signature below that the above information is accurate and a reflection on the actual conditions existing on the above referenced property based upon the supporting documentation:

Licensed Business Name	Phone#	Date
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Certified Professional (<i>print name</i>)	License #	Signature
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REQUIRED ATTACHMENTS: Inspection, Monitoring, Maintenance reports for this Operating Permit period