

## OPERATIONS & MAINTENANCE (O&M) SYSTEM RECORD CARD

**TANK INSTALLER...IMPORTANT!** It is your responsibility to see that this card, properly filled out, is submitted to this agency at time of final inspection of your newly installed Aerobic-type treatment system. FINAL APPROVAL SHALL NOT BE GRANTED UNTIL SYSTEM RECORD CARD IS DELIVERED TO THIS AGENCY.

Homeowner \_\_\_\_\_

Address of installed \_\_\_\_\_  
system (Must be house number, not lot number)

City, St, Zip \_\_\_\_\_

Township \_\_\_\_\_

Tank Installer \_\_\_\_\_

DATE INSTALLED \_\_\_\_\_ 20\_\_

Date Manufacturer's Inspection/  
Service Policy Expires \_\_\_\_\_ 20\_\_

Other mechanical components \_\_\_\_\_

Service Provider \_\_\_\_\_

(The Service Provider is the name of the manufacturer  
and/or manufacturer's representative where the aerobic  
system was purchased.)

Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Aerator Serial No. \_\_\_\_\_

Make \_\_\_\_\_

Chlorination Installed	___ Yes	___ No
Dechlorination Installed	___ Yes	___ No
UltraViolet Disinfection	___ Yes	___ No
Lift Station Installed	___ Yes	___ No
Alarm System Installed	___ Yes	___ No
Sand Filters	___ Yes	___ No