AEROBIC TREATMENT UNIT INSPECTION AND SERVICE REPORT

A template for the report LAC 51:XIII.725.M names, the "Individual Mechanical Plant Initial Warranty Inspection/Service Report." LDH posts no blank for it. This is not an LDH form.

Parish health unit	Permit # (LHS-47)	Date of this visit	Date of installation
Name of property owner	Physical address	City/State/Zip Code	
Treatment plant sewage I.D. tag #	Plant capacity (gpd)	Manufacturer	Plant model
Aerator serial #	Aerator model	Discharge method	Disinfection

1 Visit

☐ Initial two-year service policy visit: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Extended service contract visit ☐ Certified homeowner's six-month check ☐ Service call or repair

Maintenance contract date(s)	through	Time arrived	Time left

2 Distance of system from

Private well	Public well	Pressurized water lines	Property boundary

3 Six-month inspection and service

LAC 51:XIII.725.F.2(d): components are "inspected, adjusted, and serviced"

Component	OK	Serviced	Repair	What was found and done
Power, breaker, and GFCI				
Control panel and timer settings				
Alarm, sound and light tested				
Aerator and its intake filter				
Air lines and diffusers				
Pretreatment (trash) tank				
Aeration chamber				
Clarifier and sludge return				
Chlorinator and tablets				
Pump tank, pump, and floats				
Spray heads or other discharge				
Lids, risers, and seals				

4 Effluent quality

LAC 51:XIII.725.F.2(d): "a visual assessment of color, turbidity, and scum overflow, and an olfactory assessment for odor"

Check	What was seen	Pass	Fail
Color			
Turbidity			
Scum overflow			
Odor			
Total chlorine residual (ppm), if chlorinated			

5 Pump-out

Sludge depth, pretreatment tank	Pumping needed	System pumped out	Hauler company

6 Problems not fixed at this visit

The owner gets each one in writing, with an estimated date of correction.

No.	Problem found	Estimated date of correction
1		
2		
3		
4		
5		

7 Notes

8 Filing

LAC 51:XIII.725.M.1: The "Individual Mechanical Plant Initial Warranty Inspection/Service Report" must be submitted to the state health officer after each warranty/maintenance inspection is completed by the maintenance provider, and will become part of the permanent record for each system.

- ☐ Copy given to the owner
- ☐ Sent to the state health officer (parish health unit) on _____
- ☐ Extended service contract negotiated. State health officer notified on _____

9 Maintenance provider

I inspected and serviced this system on the date above. This report records what I checked, what I found, and what I did.

Licensed maintenance provider	LDH license #	Company	Phone

Signature of licensed maintenance provider — Date

Owner or occupant who received a copy — Date