



AUSTIN WATER
Utility Development Services Division
P.O. Box 1088 Austin, Texas 78767
Voice (512) 972-0050
Fax: (512) 972-0251



HOMEOWNER REPORTING and TESTING RECORD

This testing and reporting record must be completed and dated after each maintenance event. Per City code, an on-site sewage facility providing secondary treatment must be maintained at least once every 120 days. A copy of the completed and signed form must be submitted to Austin Water within fourteen (14) calendar days of the maintenance event. Please note that your Austin Water Registration number must be included as the homeowner's electronic signature.

Please save a copy of this document after filling out the PDF form. The completed form may be emailed as an attachment to the email address provided below. Alternatively you may print the completed form and send to Austin Water by one of the following methods:

Mail to:
Austin Water Utility, UDS
P.O. Box 1088
Austin, TX 78767

Fax to: (512) 972-0251

Email to:
ossfmaintenance@austintexas.gov

System Inspection:

Date of Inspection:
Property Address:

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>N/A</u>
<u>Aerators</u>			
<u>Filters</u>			
<u>Irrigation Pumps</u>			
<u>Recirculation Pumps</u>			
<u>Disinfection Device</u>			
<u>Electrical Circuits and Alarms</u>			
<u>Distribution System</u>			
<u>Spray field Vegetation</u>			
<u>Other as Noted</u>			

Sludge condition:

Other deficiencies noted:

Repairs to system (list all components replaced and/or actions taken):

Tests required and results:

Parameter	Required (Y/N)?	
Cl2 (tablets present)?	Yes	No
Cl2 (Grab):	(mg/l)	
Fecal Coliform:	(CFU/100 ml)	

General comments:

Certification Statement:

I certify, under the penalty of law, that the information provided in this document is true and accurate to the best of my knowledge. All maintenance and testing were conducted in accordance with TCEQ rules and regulations, **and all access ports were secured after all maintenance and inspection activities were completed.**

Homeowner Performing Inspection: _____ (Printed Name)
Homeowner Certification Number: _____
Contact Number/email address: _____