

Innovative/Alternative Maintenance and Inspection Report Coversheet\*

**\*Field Inspection Report must be attached.**

Permit Number (WW# or EC#) <input type="checkbox"/> No Permit Number(exempt)	Lot ID	SPAN (if available)
Landowner		
Town		
Address (Site)		
Address (Mailing)		
I/A Technology	Model Number	
Date Inspected (mm-dd-yy)	<input type="checkbox"/> Start-up <input type="checkbox"/> 6 month <input type="checkbox"/> Annual <input type="checkbox"/> Other	
<input type="checkbox"/> Unit operational and meets vendor requirements. <input type="checkbox"/> Unit operational recommended work is preventative maintenance and is not urgent. <input type="checkbox"/> Unit operational but needs minor repairs. <input type="checkbox"/> Unit does not meet vendor requirements.		
Explain issues and corrective actions below or <input type="checkbox"/> See attached report <input type="checkbox"/> Effluent cloudy /pungent (check if applicable)		Recommended Due Date(s)

Vendor Approved     Licensed Designer     Service Provider

(Name) \_\_\_\_\_ Date \_\_\_\_\_

**DWGWP Use Only:** Annual inspection condition(s) satisfied: Year \_\_\_\_\_  Yes     No

Action needed by: Check all that apply

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Landowner  | <input type="checkbox"/> Vendor            | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Regional Office |
| <input type="checkbox"/> IA Manager | <input type="checkbox"/> Licensed Designer | <input type="checkbox"/> Compliance       | <input type="checkbox"/> Enforcement     |

Comments:

DWGWP Reviewer: \_\_\_\_\_ Date \_\_\_\_\_