

Innovative/Alternative Maintenance and Inspection Report Coversheet*

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

Permit Number (WW# or EC#)	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.		
<input type="checkbox"/> Effluent cloudy /pungent (check if applicable) <input type="checkbox"/> Septic tank not functioning, needs pumped, or needs filter replaced (check if applicable) <input type="checkbox"/> Pumps are not functioning or need repair (check if applicable) <input type="checkbox"/> The system's leachfield is wet and/or effluent is surfacing (check if applicable) Explain issues and corrective actions in space below or <input type="checkbox"/> See attached report		Recommended Due Date(s)

Vendor Approved Licensed Designer Service Provider

By entering my legal name below, I am certifying that, I inspected the system as an approved Service Provider and that to the best of my knowledge and belief, the information provided is true, accurate, and complete.

(Name) _____ Date _____

Town of Colchester 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:

Town of Colchester **Reviewer:** _____ **Date** _____