

**Aeration Treatment Unit
 Homeowner Operation and Maintenance Inspection Report**

Property Demographics
Address:
Township:

Type of Aeration Treatment Unit (Circle One)
<div style="display: flex; justify-content: space-around;"> Jet Norweco Multi-Flo </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Nyadic Oldham Hydroaction </div>
Other: _____

ATU Components	Good	Marginal	Poor	N/A	Comments
Control Panel					
Power					
Timer					
Alarm					
ATU Tank					
Solids Level					
Risers					
Baffle					
ATU Motor					
Operating					
Air Suction					
Liquid Being Agitated					
Electrical Connection					
ATU Filter					
Filter Condition					
Chlorinator					
Chlorinator Condition					
Chlorine Tablets					
Discharge Location					
Location Condition					
Discharge Color (Circle One):	Clear	Grey	Brown	Black	

Comments:

Inspectors Name	Inspector's Signature	Date
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Items marked as Marginal and/or Poor must include steps taken to correct the conditions and ensure the system is operating properly. This form must be submitted to LCHD within 5 days of the date of the inspection