

Advantage Septic Solutions

1292 Hazelwood Rd. • Sherman, TX 75092

(903)814-9244

TESTING AND REPORTING RECORD

PROPERTY OWNER Bryan Armstrong SITE ADDRESS 4489 E Fm 120 Denison
Contract Start Date: _____ End Date: _____ Phone Number: 903 814 6505

Actual Date of Inspection 2/17/25 Next Inspection Due _____

1. SYSTEM INSPECTION: Routine ☐ Emergency/Owner Request ☒

Inspected Item	Operational	Inoperative	N/A	Comments
Aerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Filters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Application Pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disinfecting Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Light & Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Circuits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprinklers/Spray Field Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other as Noted: _____				
Cleaned Filter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Aerator <input type="checkbox"/> Spin <input type="checkbox"/> BioKinetik
Pulled Pump	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	
Lids Secured by Screws Upon Arrival	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
Lids Secured by Screws Upon Departure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	
Concrete lids in excess of 65 lbs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	
Lids cracked or damaged	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>	

2. REPAIRS MADE TO SYSTEM (List components replaced, include S/N) _____

3. TESTS REQUIRED AND RESULTS

Test	Required	Results	Test Method	Chlorine Type
Chlorine Residual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Image</u>	<input type="checkbox"/> Visual <input checked="" type="checkbox"/> Grab	<input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Tablet
Aeration Chamber		<input type="checkbox"/> Residual too low for meter to read		
Water appearance	<input checked="" type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> dark	Odor <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sludge level <input type="checkbox"/> none <input type="checkbox"/> 5-10% <input checked="" type="checkbox"/> 20-30% <input type="checkbox"/> 40-50% <input type="checkbox"/> 60%+	Effluent quality <input checked="" type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> bad
Pump Chamber				
Water appearance	<input checked="" type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> dark	Odor <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Sludge level <input type="checkbox"/> none <input type="checkbox"/> 4-6" <input checked="" type="checkbox"/> 0-3" <input type="checkbox"/> 7-9" <input type="checkbox"/> 10"+	Effluent quality <input checked="" type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> bad

4. COMMENTS/RECOMMENDATIONS: _____

5. OWNER NEEDS TO: ☐ Call office for repairs ☐ Cut grass ☐ Poison ants ☐ Add Chlorine
☐ Call office to schedule pumpout ☐ Replace lids ☐ Other _____

6. SIGNATURE (Person performing test) Cody Foster

7. PRINTED NAME (Person Performing Test) ☐ Charlie Foster ☐ Jordan Foster ☒ Cody Foster
MP0001381 MP0001788 MT0001144
(Mfg Certified Individual's License or Registration Number)