

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 122 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"/>	<input 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>mg/L</u>	<input type="checkbox"/> Visual <input checked="" type="checkbox"/> Grab <input type="checkbox"/> Residual too low for meter to read	<input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Tablet
Aeration 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 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"/> 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 E. Foster

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