

**AEROBIC SEPTIC SYSTEM INSPECTION REPORT
COUNTY OF GOLIAD**

Please submit inspection reports every four months to: Goliad County Environmental Department, Post Office Box 677, Goliad, TX 77963 or by fax to 361-645-3474 or by E-mail to: pmartin@goliadcountytexas.gov. Questions should be directed to 361-645-3337.

Date of Inspection: _____ Permit Number: _____

Site Address:
Name: _____
Address: _____

Mailing Address
Name: _____
Address: _____

<u>Inspected Items:</u>	<u>Acceptable</u>	<u>Unacceptable</u>	<u>Comments</u>
Aerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effluent	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turbidity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scum Overflow	<input type="checkbox"/>	<input type="checkbox"/>	_____
Odor Present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Effluent Pump	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler Operation	<input type="checkbox"/>	<input type="checkbox"/>	_____

Note: At each inspection air filter must be cleaned and operation of the effluent disposal system must be made, including chlorine residual test, effluent pump operation and sprinkler operation.

Repairs to Systems: _____

Test required and results:

<u>Test</u>	<u>Required</u>	<u>Results</u>	<u>Test Method</u>
BOD (Grab)	<input type="checkbox"/>	_____	_____
TSS (Grab)	<input type="checkbox"/>	_____	_____
Fecal Coliform	<input type="checkbox"/>	_____	_____
Chlorine Residual	<input type="checkbox"/>	_____	_____

All covers are in place

Comments: _____

Signature of Inspector: _____ Date: _____

Printed Name of Inspector: _____