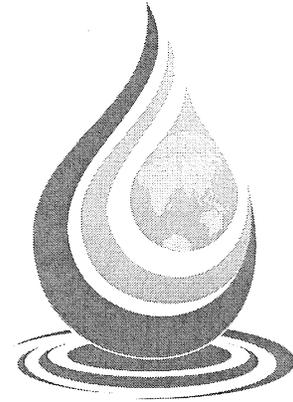


# NuWater NR Advanced Treatment Inspection Form

Inspection Date:



Enviro-Flo Inc  
P.O. Box 321161  
Flowood MS 39232  
Phone; (877) 836-8476  
[www.enviro-flo.net](http://www.enviro-flo.net)

Site address:


Owner Name

Inspection company

Address:

Inspector:

Phone #

## ATU Status

Trash Tank Solids Level	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
ATU Digester operational	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
>40% Settleable solids	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Sludge return operational	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Effluent clarity / odor	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Vents clear & working	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Blower filter clean	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Alarm test / operational	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
UV light oper. (TL=A only)	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
No surface H2O intrusion	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	

## Drainfield Status

Distrib. device operating	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
DF clear & operating	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
No ponding in D.F.	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Drainfield area protected	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	

## Effluent Pump Status

Pump flow rate test	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Timer settings	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	
Alarm / test operational	<input type="checkbox"/>	OK	<input type="checkbox"/>	Deficient	Notes:	

Notes:

Any uncorrected deficiencies must have notes explaining reason for no correction and/or timeframe for correction

\_\_\_\_\_  
Authorized maintenance provider signature

\_\_\_\_\_  
Date report filled out