I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

X

Authorized Signature Date

Name (print)

Notes:

Mail Original To: **Oregon DEQ, Medford Office**
221 Stewart Avenue, Suite 201
Medford, Oregon 97501

LAGOON AND POLISHING POND					RECLAIMED WATER Outfall _____		SEWER SYS. BYPASS			MAINTENANCE ACTIVITIES (CHECK OFF ACTIVITY UPON COMPLETION)								LOG Regarding breakdowns, bypassing, odors, complaints, etc.
Primary Depth		Secondary Depth		Perimeter Inspection	Quanity Irrigated		Flow	Duration	Solids Transported to Other WWTF	Test Dosing Pumps/Alarms	Inspect Pump Screens	Check Pumps for Accurate Cycle	Inspect Monitoring Ports	Inspect & Maintain Dist. Mechanisms	Inspect Dosing Tank			
					In./Acr		Gal.	Hrs.										
																		TOTAL
																		DAILY MINIMUM
																		DAILY MAXIMUM
																		WEEKLY AVERAGE MAXIMUM
																		MONTHLY AVERAGE
																		DAILY LIMITS
																		WEEKLY LIMITS
																		MONTHLY LIMITS