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: ____________________

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Mail Original To: **Oregon DEQ, Salem Office**
750 Front Street NE, #120
Salem, OR 97301-1039

LAGOON AND POLISHING POND					RECLAIMED WATER Outfall _______		SEWER SYS. BYPASS			MAINTENANCE ACTIVITIES (CHECK OFF ACTIVITY UPON COMPLETION)							
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		**LOG** Regarding breakdowns, bypassing, odors, complaints, etc.
					In./Acr		Gal.	Hrs.									
																	TOTAL
																	DAILY MINIMUM
																	DAILY MAXIMUM
																	WEEKLY AVERAGE MAXIMUM
																	MONTHLY AVERAGE
																	DAILY LIMITS
																	WEEKLY LIMITS
																	MONTHLY LIMITS