Service Record for 2026

Parcel: «parcel_id» **Property Address:** «address» **City:** «city»

Inspection # 1: Inspection Date:_____ Performed By:_____

Servicing completed as described by Operation and Maintenance Manual: Yes ☐ No ☐

The motor is currently functioning: Yes ☐ No ☐

Air bubbles are visible in the effluent: Yes ☐ No ☐

Inspected Items	Serviced	Not Applicable	At The Time of Servicing: Operational	At The Time of Servicing: Not Operational
Aerator	☐	☐	☐	☐
Air Filters	☐	☐	☐	☐
Effluent Filters or Upflow Filter	☐	☐	☐	☐
Control Panel	☐	☐	☐	☐
UV Light	☐	☐	☐	☐
Chlorinator	☐	☐	☐	☐
Lift Pump	☐	☐	☐	☐
Pump Trash Trap	☐	☐	☐	☐
Test Alarms/Failsafe	☐	☐	☐	☐
Outfall Free Flowing	☐	☐	☐	☐
Post Air (if equipped)	☐	☐	☐	☐
BAT Media (only in some Jet models)	☐	☐	☐	☐

Aeration Chamber effluent color:

Black ☐ Gray ☐ Light Brown ☐ Dark Brown ☐ Clear ☐

Discharge point effluent color, if visible:

Black ☐ Gray ☐ Light Brown ☐ Dark Brown ☐ Clear ☐

Soil Based Component Review (on non-discharging systems only):

Service Conducted Yes ☐ No ☐

Additional Information: _____

2026

Inspection # 2: Inspection Date:_____ Performed By:_____

Servicing completed as described by Operation and Maintenance Manual: Yes ☐ No ☐

The motor is currently functioning: Yes ☐ No ☐

Air bubbles are visible in the effluent: Yes ☐ No ☐

Inspected Items	Serviced	Not Applicable	At The Time of Servicing: Operational	At The Time of Servicing: Not Operational
Aerator	☐	☐	☐	☐
Air Filters	☐	☐	☐	☐
Effluent Filters or Upflow Filter	☐	☐	☐	☐
Control Panel	☐	☐	☐	☐
UV Light	☐	☐	☐	☐
Chlorinator	☐	☐	☐	☐
Lift Pump	☐	☐	☐	☐
Pump Trash Trap	☐	☐	☐	☐
Test Alarms/Failsafe	☐	☐	☐	☐
Outfall Free Flowing	☐	☐	☐	☐
Post Air (if equipped)	☐	☐	☐	☐
BAT Media (only in some Jet models)	☐	☐	☐	☐

Aeration Chamber effluent color:

Black ☐ Gray ☐ Light Brown ☐ Dark Brown ☐ Clear ☐

Discharge point effluent color, if visible:

Black ☐ Gray ☐ Light Brown ☐ Dark Brown ☐ Clear ☐

Soil Based Component Review (on non-discharging systems only):

Service Conducted Yes ☐ No ☐ N/A ☐

Additional Information: _____

Please keep this form in your possession during 2026.
To be returned to the Stark County Health Department in December 2026.