

Innovative/Alternative Maintenance and Inspection Report Coversheet*

***Field Inspection Report must be attached.**

Permit Number (WW# or EC#) <input type="checkbox"/> No Permit Number(exempt)	Lot ID	SPAN (if available)
Landowner		
Town		
Address (Site)		
Address (Mailing)		
I/A Technology	Model Number	
Date Inspected (mm-dd-yy)	<input type="checkbox"/> Start-up <input type="checkbox"/> 6 month <input type="checkbox"/> Annual <input type="checkbox"/> Other	
<input type="checkbox"/> Unit operational and meets vendor requirements. <input type="checkbox"/> Unit operational recommended work is preventative maintenance and is not urgent. <input type="checkbox"/> Unit operational but needs minor repairs. <input type="checkbox"/> Unit does not meet vendor requirements. <input type="checkbox"/> Unknown		
Explain "Unknown" status, issues and corrective actions below or <input type="checkbox"/> See attached report <input type="checkbox"/> Effluent cloudy /pungent (check if applicable) <input type="checkbox"/> Effluent samples taken (check if applicable)		Recommended Due Date(s)

Vendor Approved Licensed Designer Service Provider

(Name) _____ Date _____

DWGWP Use Only: Annual inspection condition(s) satisfied: Year _____ 6 month Yes No

Action needed by: Check all that apply

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Landowner | <input type="checkbox"/> Vendor | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Regional Office |
| <input type="checkbox"/> IA Manager | <input type="checkbox"/> Licensed Designer | <input type="checkbox"/> Compliance | <input type="checkbox"/> Enforcement |

Comments:

DWGWP Reviewer: _____ Date _____