



ARKANSAS

ENERGY & ENVIRONMENT

Permit Tracking No.:
ARG55
Date of Evaluation

ARG550000 Maintenance Report Form

Part 1: General Information

Permittee:	County:	Phone Number:
Site Location (911 Address):	City	State Zip

Part 2: Assessment

Items:		Description: In the space below, list any deficiency assessed and/or action(s) taken.
1 Electrical	<input type="checkbox"/>	
2 Pump(s)	<input type="checkbox"/>	
3 Discharge Route	<input type="checkbox"/>	
4 Chlorinator or UV	<input type="checkbox"/>	
5 Contact Chamber	<input type="checkbox"/>	
6 Clean Outs	<input type="checkbox"/>	
7 Sludge Depth	<input type="checkbox"/>	
8 Other Components	<input type="checkbox"/>	

Part 3: Sludge Removal (if needed)

Solids Removal Service	Septic Hauler License Number	Date of Service
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Part 4: Certification

I certify that I have conducted all applicable assessments listed above and have taken the appropriate action to maintain the proper function of the above listed system in accordance with the Onsite Wastewater Treatment Facilities for Domestic Wastewater General Permit ARG550000.		
Signature	Date	
Typed/Printed Name	DEQ Wastewater License Number (Min. Class II)	Phone Number

Keep a copy of this form for at least 3 years after the assessment date.
Do not send this form to DEQ unless requested.