

**Multi-Flo
SERVICE/INSPECTION FORM**

Notify the system owner in writing about any improper system function that cannot be remedied during the time of inspection and include an estimated date of correction.

Name of Owner: _____ Serial Number: _____

Name of Resident (if different than owner): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: (home) _____ (business) _____

Residential Commercial Warranty Service Contract

REASON FOR SERVICE CALL: Three-month Owner Request Complaint

Alarm Activated Sewer Back-up

Septic Odor Poor Effluent Quality

High Water Level Other: _____

Date Service Requested: _____

INSPECTION RESULTS:

I. Checked ALARMS YES NO

Alarms Working Properly Faulty Alarm

II. Checked AERATOR YES NO

Aerator Working Properly Aerator not running

No Aerator Insufficient air supply

Aerator runs intermittently Blockage in air supply line

Clogged Impeller Comments: _____

III. Checked FILTERS YES NO

Filter condition: Normal (no change in water) Slight restriction (level rises & falls)

Filters plugged (level remains high) Filter (s) torn

Solids build-up on weir plate: None Slight – ¼" ¼"-1" > 1"

Surface scum build-up: None Slight Heavy

Effluent quality = Clear Turbid Septic/grey Color _____

IV. Checked SURGE BOWL YES NO

Gasket (top/bottom) in good condition Gasket (top/bottom) missing or deteriorated

V. MULTI-FLO MIXED LIQUOR

Brown Clear Grey/Black (Septic)

White Suds Thick, Brown Foam Grease Balls

Percent Settleable Solids = _____

Odor: None Slight Septic

VI. PRIMARY TREATMENT TANK

Baffles In Place Liquid Level at Outlet Invert

VII. PUMP CHAMBER (IF INSTALLED)

Pump Operational Floats Clear and Operational

Normal Liquid Level Liquid Color and Clarity _____

VIII. OTHER OBSERVATIONS _____

SERVICE OR REPAIR PERFORMED: _____ Date Performed: _____

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- | | |
|--|--|
| <input type="checkbox"/> Pumped Tank or Tanks _____ | <input type="checkbox"/> Cleaned filters |
| <input type="checkbox"/> Replaced _____ filters | Warranty: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Replaced _____ aerators | Warranty: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Replaced _____ alarms | Warranty: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Replaced _____ expanders | Warranty: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Replaced gasket: <input type="checkbox"/> Bottom <input type="checkbox"/> Top | |
| <input type="checkbox"/> Flush weir/pump out filters | |
| <input type="checkbox"/> Peripheral Equipment (i.e. Pumps, Chlorinator, etc.): _____ | |
| <input type="checkbox"/> Other: (describe) _____ | |

Service Work To Be Performed At A Later Date: _____

Estimated Date of Correction _____

OtherComments _____

Service Performed By:

Signature of Owner

Date

Signature of Service Provider

Date

Authorized MULTI-FLO Service Representative