



May 2008

NEW Complaint Form

Office use

File # C.

DATE:

State:

Person Filing Complaint

Phone number:

Homeowner

Service provider

Site Name:

Site Address:

Phone:

Type of House:

Residents

Vacation

Rental

Complaint:

Date installed:

Number of Modules:

Installer

Distributor

Service provider

Recommendation:

History notes:

Taken By:



Complaint Site Review:

office use

File #: C.

Date:

State:

Type of Residents:

Residential:

Vacation:

Rental:

Representative:

Site Name:

Site Address:

Phone:

Date of Complaint:

Date of Inspection:

Complaint:

Inspection:

Number of Bedrooms:

Number of People:

Septic tank:

Pump Tank:

Pump and Valves:

Control Panel:

ETM:

Passed:

Passed:

Pump Counter:

Passed:

Passed:

Timer settings:

ON:

OFF:

Water records:

Puraflo Modules:

Number of Modules:

Install Date:

Modules Accessible:

Peat level in module:

Peat Color: Brown:

Black:

Gray:

Saturation: Completely

Some

None:

Free Draining:

Appearance:

Serviced or Forked:



2nd Pump tank:

Sample Chamber:

BNM:

Box:

2nd Pump tank:

Condition of Chamber:

Depth of Water:

Drain field Type:

Pad:

Trench:

Other:

Condition of Drain field:

What Failed:

Modules:

Drain Field:

Both:

Possible reason for Failure:

Recommendations:

History, Facts, or Notes:

People present during inspection:

Service Provider:

Phone Number:

Record by: