

Weekly Wastewater Facilities Inspections Log Sheet

F	Facility Name:			NPDES Permit No.:			
Use pum wate	ps, storm v r to a wast v deficienc	water and ru	noff diversion of the d	cted within 30 days			
	Data	Initials	OK (√if no	Description of any Deficiencies Observed (put "N/A" if none observed)	Date Deficiency Corrected		
Week 1	Date	Initials	problems)	(put IN/A II none observed)	Corrected		
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