



## Warranty Registration & Property Profile Form

This form is made available to facilitate data entry for the Carmody web-based "TRS" tracking system.

**COMPLETE THIS BOX AND FAX TO (540) 825-1785**

### PROPERTY PROFILE

\*County / Township: \_\_\_\_\_  
\*PIN / Const. Permit / Health Dept. ID: \_\_\_\_\_  
\*Type of Permit: new  repair  other   
Owner's First Name: \_\_\_\_\_ \*Owner's Last Name: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

### INSTALLED COMPONENTS

\*Septic Tank: yes  no   
Pretreatment Type: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Drip System Type: manual  semi-auto  automatic   
Drip Control Serial #: \_\_\_\_\_ Drip Filtration Unit Serial #: \_\_\_\_\_  
Model Description: \_\_\_\_\_  
\_\_\_\_\_  
TRS (Telemetry Reporting Service) Dialer Serial # (Required if applicable): \_\_\_\_\_  
Final Inspection / Startup Date: \_\_\_\_\_ Service Provider: \_\_\_\_\_  
Flow Meter Reading: \_\_\_\_\_ Gallons Per Day Design: \_\_\_\_\_

### MUST BE SIGNED BY APPLICANT

I, \_\_\_\_\_ have read and agree to the Carmody Program TERMS OF USE.  
To review TERMS OF USE see web site log in page at [www.carmodydata.com](http://www.carmodydata.com)

Record input by Contractor: Yes  No  Record Confirmed by County: Yes  No

\*Required Fields

**AMERICAN MANUFACTURING COMPANY, INC.**  
P.O. BOX 97, ELKWOOD, VA. 22718-0097



**~ PERC-RITE® INSTALLATION RECORD & OPERATIONAL LOG ~**

NAME: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

American Perc-Rite® Drip Installation Record				OPERATIONAL USER LOG		
Line No.	As-Built Value	Description	Number of Zones: _____	Date	Flow Meter Reading	Usage
1		BEDROOMS				
2		GALLONS PER DAY				
3		TEXTURE GROUP				
4		GPD/FT2 DESIGN SOIL LOADING RATE				
5		TOTAL LINEAR FEET TUBING				
6		FILTER MODEL (ASD15, QM12, ETC.)				
7		FLOW METER READING				
8		ZONE 1 LINEAR FEET OF TUBING				
9		ZONE 1 NUMBER OF FIELD FLUSH CONNECTIONS				
10		ZONE 1 GPM DOSING FLOW RATE				
11		ZONE 1 GPM TOTAL FLUSHING FLOW RATE				
12		ZONE 1 RUN TIME				
13		ZONE 2 LINEAR FEET OF TUBING				
14		ZONE 2 NUMBER OF FIELD FLUSH CONNECTIONS				
15		ZONE 2 GPM DOSING FLOW RATE				
16		ZONE 2 GPM TOTAL FLUSHING FLOW RATE				
17		ZONE 2 RUN TIME				
18		ZONE 3 LINEAR FEET OF TUBING				
19		ZONE 3 NUMBER OF FIELD FLUSH CONNECTIONS				
20		ZONE 3 GPM DOSING FLOW RATE				
21		ZONE 3 GPM TOTAL FLUSHING FLOW				
22		ZONE 3 RUN TIME				
23		ZONE 4 LINEAR FEET OF TUBING				
24		ZONE 4 NUMBER OF FIELD FLUSH CONNECTIONS				
25		ZONE 4 GPM DOSING FLOW RATE				
26		ZONE 4 GPM TOTAL FLUSHING FLOW				
27		ZONE 4 RUN TIME				
28		PEAK ENABLE CYCLE COUNTER				
29		HIGH LEVEL CYCLE COUNTER				
30	CONTRACTOR STARTUP REPRESENTATIVE:					
31	STARTUP DATE:					

CONTRACTORS NAME & PHONE:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_