



American Manufacturing Company, Inc.

P.O. Box 97, Elkwood, VA 22718
800-345-3132 ~ www.americanonsite.com

Owner: _____ Service Provider: _____
 System Address: _____ Address: _____
 PIN/Const. Permit/ Health Dept. ID: _____ Phone: _____
 Tax Map No.: _____ Certification No.: _____
 Sub Div.: _____ Lot No.: _____ Date: _____

PERC-RITE[®] REPORTING RECORD

FOR
DRIP DATA MONITORING

- A.** System is operating satisfactory upon **Arrival**. yes () or no ()
- R.** The system was **Repaired** prior to leaving. check if yes ()
- D.** System service has been **Deferred** (until next inspection). check if yes ()
- F.** System is **Flagged** (service required prior to next inspection). check if yes ()

	(Y) / (N)			
*Using A through F above, answer 1 through 11 below in their corresponding boxes.	A	R	D	F
1. Components appear to be in good repair.	() / ()	_____	_____	_____
2. System operates within design limits.	() / ()	_____	_____	_____
3. Current usage (avg. gpd)		_____		
4. All lids, access hatches, & risers are safe & secure.	() / ()	_____	_____	_____
5. Pump operates correctly.	() / ()	_____	_____	_____
6. Control operates correctly.	() / ()	_____	_____	_____
7. Level sensor operates correctly.	() / ()	_____	_____	_____
8. Filters function properly.	() / ()	_____	_____	_____
9. Previous flow meter reading. Date ___/___/___		Reading _____		
10. Current flow meter reading.		Reading _____		
11. Zone Dose Startup GPM.		Z1 _____	Z2 _____	Z3 _____ Z4 _____
12. Zone Dose Current GPM.		Z1 _____	Z2 _____	Z3 _____ Z4 _____
13. Dripline flushes properly.	() / ()	_____	_____	_____
14. No evidence of surfacing in field.	() / ()	_____	_____	_____
15. Manufact. check list was performed satisfactorily (where applicable).	() / ()	_____	_____	_____
16. Summarize Corrective Measures and/or Adjustments Performed (Comments).		_____		

The above list of questions are prepared for entry into the Carmody Service tracking system and I attest this information I have provided is true and accurate to the best of my knowledge.

Operator Signature _____ Date _____

Owner Signature _____ Date _____

Owner's signature attests receipt of completed report copy.