GULF COAST TESTING, LLC

Via Email: Marcia.degen@vdh.virginia.gov

March 29, 2021

Marcia J. Degen, Ph.D., P.E.
c/o VDH - Environmental Health Civic Mall 2nd Floor
1502 Williamson Road, SE.
Roanoke VA 24012

Dear Dr. Degen,

Gulf Coat Testing, LLC has completed the field evaluation of the Clearstream Wastewater Systems, Inc. Model DA Treatment Unit in accordance with the requirements set forth in the Memorandum of Understanding and Agreement (Agreement) dated August 15, 2019.

Attached to this letter are the completed documentation required of the Agreement, including the following:

I. Appendix A: Description of each site selected, typical installation, and how each site was selected (see "Sites, Sample Dates, Results").
II. Appendix A: Geographic locations of systems tested (see "Sites, Sample Dates, Results").
III. Appendix C.1 and Appendix C.2: O&M logs and an assessment of O&M performed.
IV. Appendix D: Chain of Custody Forms.
IV. Appendix B: List of key participants (see tab "Key Participants").
V. Appendix F: Description of sampling and analytical methods.
VI. Appendix A: All testing results, including sample data, statistical analyses, or other evaluations (see "Sites, Sample Dates, Results").
VII. Not Applicable: Rationale for exclusion of data or removal of a system from the statistical analysis, if necessary.
VIII. Appendix A: An overall evaluation or assessment of the study data (see "GMP 147 Statistics").

All 21 of the tested systems were the Model 600DAC3 with a rated treatment capacity of 600 gallons per day. All have been installed since November 4, 2016 or prior. The conversion of the 600 NC3T units to 600DAC3 units involved the addition of an air solenoid w/timer and ¾" pvc air lift from the clarifier back to the pre-treatment tank. All of the dimensions and other components are identical on the 600NC3T and the 600DAC3.

Office/Mailing | 5261 Highland Road #347 • Baton Rouge, LA 70808
Phone 225.281.3792
Laboratory Address | 14378 Park Avenue • Prairieville, LA 70769
Phone (225) 397-0633

Effluent samples were taken from the outlet of the treatment tank where the effluent enters the pump tank. The pump tank was accessed by removing the twenty inch (20") lid from the riser installed above the center of the pump tank and lowering a clean sample bottle into the treated effluent allowing it to fill then removing and securing the bottle's lid. All were collected as grab samples.

The final summary results for the effluent testing are as follows:

Effluent Parameter	Upper 99% Confidence Interval of Log- Transformed Data Converted Back to Native Units
BOD_5 (mg/L)	8.4 mg/L
TSS (mg/L)	7.6 mg/L

The complete list of DA models as certified by Gulf Coast Testing, LLC include the following:

Rated Treatment Capacity (gpd)	Model
500	500DA[1], DAST [4] [5], 500DAC[3], 500DASC[3] [4]
600	600: DA[1], DAC[3], DAT[5], DAC2[3], DAC3[3]
800	800: DA[1], DAC2[3]
1000	1000: DA[1]

[1]D: fiberglass tank
[3]C: concrete tank
[4]S: shorter height and wider tank
[5]T: tapered tank

Please let me know if you have any questions or need any further information or documentation.

Sincerely yours,

William B. Daniel IV, P.E.
Gulf Coast Testing, LLC

Cc: Tom Bruursema, Water Tomorrow Consulting LLC

Appendices:

- Appendix A: Clearstream Wastewater Systems Model DA Field Data Virginia Final
- Appendix B: List of Key Participants
- Appendix C.1: Clearstream Wastewater Systems Model DA Gloucester County Virginia O&M Logs
- Appendix C.2: Clearstream Wastewater Systems Model DA Mathews County Virginia O&M Logs
- Appendix D: Clearstream Wastewater Systems Model DA Field Testing Virginia COC Forms
- Appendix E: Clearstream Wastewater Systems Model DA Virginia Field Sampling Forms
- Appendix F: Description of sampling and analytical methods

GCT/Scanned Documents/Correspondence/2021.02.15 Clearstream Virginia Summary Letter

Appendix A

Location	Quarter	Date Sampled	Grab vs. 24 Hour	Results	BOD5 (mg/L)	TSS (mg/L)	pH	# of residents	Description of each site	How the site was	Installation	DA Conversion
Tom McAllister	Jan 1 - March 31	4-Feb-20	Grab	Influent	408	370	7.78	7	1260 sq ft of infiltrators, 6 - 70'	Convenient	03/03/2016	01/07/2019
5842 Fletcher Road Gloucester, VA 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	8	6.95		drainlines	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	9	6	7.45			system sampling.		
Phone: 1-757-810-2100	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	7	7.44					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	5	7.15					
Mickey Brown	Jan 1 - March 31	4-Feb-20	Grab	Influent	266	190	7.25	3	6 LPD lines 50' long, LPD	Convenient	09/10/2015	01/07/2019
# 3215 Bethel Beach, Mathews, VA 23109	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	8	6.95		absorption mound 20' x 50'	location for multi-		
Mailing address: P. O. Box 173 Port Haywood, VA 23138	Apr 1 - June 30	23-Jun-20	Grab	Effluent	8	6	7.26			system sampling.		
Phone: 1-804-725-3659	July 1 - Sept 30	26-Sep-20	Grab	Effluent	9	8	7.18					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	5	7.11					
Jane Partin	Jan 1 - March 31	4-Feb-20	Grab	Influent	234	240	7.26	2	5 LPD lines 50' long, LPD	Convenient	06/08/2015	01/07/2019
# 1127 Circle Drive New Point, VA	Jan 1 - March 31	4-Feb-20	Grab	Effluent	11	9	6.79		absorption mound 25' x 50'	location for multi-		
Mailing address: # 8301 Graves Road South Chesterfield, VA 23803	Apr 1 - June 30	23-Jun-20	Grab	Effluent	8	6	7.24			system sampling.		
Phone: 804-590-1028 or 1-804-725-2865	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	9	6.66					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	4	6.92					
Phillip McAllister	Jan 1 - March 31	4-Feb-20	Grab	Influent	308	280	7.42	2	1260 sq. ft. of infiltrators 6-70'	Convenient	07/07/2018	01/07/2019
#5792 Fletcher Road Gloucester, VA. 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	10	7.40		lines	location for multi-		
Mailing address: Same as physical	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	7	6.92			system sampling		
757-810-8459	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	8	6.82					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	8	8	7.22					
William Walker	Jan 1 - March 31	4-Feb-20	Grab	Influent	344	240	7.71	3	5 LPD lines 30' long, LPD	Convenient	07/14/2015	01/07/2019
# 259 Old Bar Neck Road Port Haywood, VA 23138	Jan 1 - March 31	4-Feb-20	Grab	Effluent	8	6	7.69		absorption mound 25' x 30'	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	9	7.05			system sampling.		
Phone: 1-804-725-2818 or 1-804-854-3308	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	10	6.72					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	8	6	6.91					
Daniella Carson & Frank Smith	Jan 1 - March 31	5-Feb-20	Grab	Influent	428	210	7.50	2	912 sq. ft. of infiltrators 4-76'	Convenient	01/23/2019	03/12/2019
#8516 Thomas Jefferson Way Gloucester, VA. 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	8	5	7.47		drainlines	location for multi-		
Mailing: Same as physical	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	8	8	6.86			system sampling		
757-876-4839 or 757-870-7763	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	10	7.48					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	7	6	7.14					
Mike Carone	Jan 1 - March 31	4-Feb-20	Grab	Influent	410	330	7.02	2	Drip field 12 lines 40' long	Convenient	07/25/2012	01/07/2019
# 623 Hicks Wharf Road Cardinal, VA	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	10	6.76			location for multi-		
Mailing address: P. O. Box 914 Mathews, VA 2310	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	8	7.55			system sampling.		
Phone: 1-804-339-4763	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	8	7.56					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	7	10	6.93					
Debbie Farmer	Jan 1 - March 31	4-Feb-20	Grab	Influent	288	190	7.53	2	Distribution box 630 sq ft	Convenient	11/20/2013	01/07/2019
# 142 Cardinal Lane Cardinal, VA	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	8	7.53			location for multi-		
Mailing address: P. O. Box 382 Grimstead, VA 23064	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	8	7.66			system sampling.		
Phone: 1-434-531-6574	July 1 - Sept 30	26-Sep-20	Grab	Effluent	7	6	7.26					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	4	7.12					
Jason & Crystal Burton	Jan 1 - March 31	5-Feb-20	Grab	Influent	204	180	7.44	6	1200 sq. ft. installing EZ-Flow	Convenient	01/28/2019	03/12/2019
#8530 Thomas Jefferson Way Gloucester, VA. 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	12	9	7.45		tubing 30' x 40' pad	location for multi-		
Mailing: Same as physical	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	7	6	7.09			system sampling		
804-832-0957 or 804-854-1860	July 1 - Sept 30	26-Sep-20	Grab	Effluent	6	5	7.34					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	8	7.24					
Coakley Lewis	Jan 1 - March 31	5-Feb-20	Grab	Influent	305	210	6.88	2	888 sq. ft. installing infiltrators	Convenient	10/25/2018	01/07/2019
#8576 Thomas Jefferson Way Gloucester, VA. 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	8	8	7.12		4-74' drainlines	location for multi-		
Mailing: Same as physical	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	6	5	7.71			system sampling		
484-554-8901	July 1 - Sept 30	26-Sep-20	Grab	Effluent	9	9	6.91					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	10	10	7.11					
Michael Byser	Jan 1 - March 31	4-Feb-20	Grab	Influent	418	280	7.05	5	1188 sq ft of infiltrator, 6 - 66'	Convenient	08/12/2015	01/07/2019
# 5872 Fletcher Road Gloucester, VA 2306	Jan 1 - March 31	4-Feb-20	Grab	Effluent	8	6	6.54		drainlines	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	6	4	7.62			system sampling.		
Phone: 1-757-660-2146	July 1 - Sept 30	26-Sep-20	Grab	Effluent	9	9	6.89					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	10	7.05					
Marilyn Knight	Jan 1 - March 31	5-Feb-20	Grab	Influent	280	310	7.68	2	20' x 30' gravel pad w/ 3	Convenient	10/03/2018	01/07/2019
#8591 Thomas Jefferson Way Gloucester, VA. 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	10	8	7.58		drainlines	location for multi-		
Mailing: Same as physical	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	10	6	7.39			system sampling		
772-559-3585	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	10	7.26					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	10	7.06					

Location	Quarter	Date Sampled	Grab vs. 24 Hour	Results	BOD5 (mg/L)	TSS (mg/L)	pH	# of residents	Description of each site	How the site was	Installation	DA Conversion
Charles Hartman	Jan 1 - March 31	5-Feb-20	Grab	Influent	340	220	8.01	4		Convenient	08/08/2018	01/07/2019
#8771 Thomas Jefferson Way Gloucester, VA. 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	10	7	7.92		3-60' drainlines 540 sq. ft.	location for mutli-		
Mailing: Same as physical	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	10	5	7.50			system sampling		
804-699-3286	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	10	7.14					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	8	7.01					
Carlene Verser	Jan 1 - March 31	4-Feb-20	Grab	Influent	300	280	7.25	1	Distribution box, 6 - 50' trenches	Convenient	12/11/2015	01/07/2019
# 6882 Bellamy Lane Gloucester, VA 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	6	7.21			location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	9	4	7.80			system sampling.		
Phone: 1-804-693-3980	July 1 - Sept 30	26-Sep-20	Grab	Effluent	6	8	6.88					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	4	6.84					
Sharnell Thorton	Jan 1 - March 31	4-Feb-20	Grab	Influent	526	420	7.45	4	Distribution box 25' x 40' pad,	Convenient	07/26/2016	01/07/2019
# 6599 Hickory Knoll Road Gloucester, VA 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	8	7.53		120 ft of force main	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	9	8	6.85			system sampling.		
Phone: 1-757-604-2475	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	7	6.91					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	6	6.76					
Michael Barrett	Jan 1 - March 31	4-Feb-20	Grab	Influent	482	410	7.16	3	420 sq ft of infiltrator, 4 lines	Convenient	01/29/2015	01/07/2019
# 8411 Patrick Henry Way Gloucester, VA 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	8	8	7.14		35' long	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	8	6	7.40			system sampling.		
Phone: 1-757-768-7109	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	8	6.94					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	5	6.88					
Stephen & Cynthia Shearin	Jan 1 - March 31	4-Feb-20	Grab	Influent	388	300	7.26	2	930 sq ft of infiltrator, 5 lines	Convenient	11/16/2015	01/07/2109
# 8561 Thomas Jefferson Way Gloucester, VA 23061	Jan 1 - March 31	4-Feb-20	Grab	Effluent	9	10	7.01		62' long	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	9	6	7.60			system sampling.		
Phone: 1-804-832-1657	July 1 - Sept 30	26-Sep-20	Grab	Effluent	9	7	7.12					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	6	6	7.05					
Kemp & Sonia Williams	Jan 1 - March 31	5-Feb-20	Grab	Influent	378	270	7.42	2	930 sq ft of infiltrator, 5 lines	Convenient	08/30/2016	01/07/2019
# 8549 Thomas Jefferson Way Gloucester, VA 23061	Jan 1 - March 31	5-Feb-20	24 Hour Composite	Effluent	8	6	7.36		62' long	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	24-Jun-20	24 Hour Composite	Effluent	10	8	6.88			system sampling.		
Phone: 1-757-812-3828	July 1 - Sept 30	26-Sep-20	Grab	Effluent	7	6	7.34					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	8	9	7.13					
Hannah Goddard	Jan 1 - March 31	4-Feb-20	Grab	Influent	550	390	8.04	2	6 LPD lines 70' long, LPD	Convenient	07/17/2015	01/07/2109
# 145 Paddys Court Port Haywood, VA 23138	Jan 1 - March 31	4-Feb-20	Grab	Effluent	10	10	7.88		absorption pad 20' x 70'	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	10	7.10			system sampling.		
Phone: 1-703-946-7644	July 1 - Sept 30	26-Sep-20	Grab	Effluent	9	6	7.46					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	5	5	7.25					
Nancy Smith	Jan 1 - March 31	4-Feb-20	Grab	Influent	324	360	7.86	2	Drip field 12 lines 50' long, sand	Convenient	10/17/2012	01/07/2019
# 449 Tabernacle Road Mathews, VA 23109	Jan 1 - March 31	4-Feb-20	Grab	Effluent	9	8	7.77		mound perimeter 60' x 30'	location for multi-		
Mailing address: P. O. Box 133 Ark, VA 23003	Apr 1 - June 30	23-Jun-20	Grab	Effluent	8	7	7.26			system sampling.		
Phone: 1-804-815-7596	July 1 - Sept 30	26-Sep-20	Grab	Effluent	8	7	7.45					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	4	7	6.93					
Todd Hudgins	Jan 1 - March 31	4-Feb-20	Grab	Influent	502	350	7.67	4	Drip field 60' x 14', 8 lines 80'	Convenient	09/16/2012	01/07/2019
# 731 Peach Point Road Mathews, VA 23109	Jan 1 - March 31	4-Feb-20	Grab	Effluent	7	7	8.08		long	location for multi-		
Mailing address: Same as above	Apr 1 - June 30	23-Jun-20	Grab	Effluent	10	10	7.36			system sampling.		
Phone: 1-804-824-1491	July 1 - Sept 30	26-Sep-20	Grab	Effluent	10	8	7.24					
	Oct 1 to Dec 31	13-Dec-20	Grab	Effluent	9	10	6.87					

Appendix B

Clearstream Wastewater Systems
Model DA Sampling Results
Key Participants

Name	Company	Service
Tom Bruursema	WaterTomorrow Consulting	LLC Project coordinator
William B Daniel IV, P.E.	Gulf Coast Testing, LLC	Principal lead for field testing
Eric Holland	Gulf Coast Testing, LLC	Laboratory analyst, Field Sampler, Site Analyses
Allen Farmer	Alcat Precast, Inc.	Treatment system installer and maintenance provider
Lonnie Welch	Clearstream Wastewater Systems, Inc.	System manufacturer liaison

Appendix C.1

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Michael & Laura Byser
Site Address:	5872 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5872 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-660-2146
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Michael & Laura Last: Byser
Street Number	5872
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 2/12/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Cleaned the screen on the pump. Pumped
pump tank down till the alarm went off.
Un-muted the alarm. Farmer's Septic went
back the next day and and pumped out the
septic tank, pump tank (sprayed out),
and Clearstream tank.
```

Field Tests

Odor:

Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	
Comments	

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	02/12/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Michael & Laura Byser
Site Address:	5872 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5872 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-660-2146
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Michael & Laura Last: Byser
Street Number	5872
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/15/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

1/13/2021 Edit

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/15/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Michael & Laura Byser
Site Address:	5872 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5872 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-660-2146
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Michael & Laura Last: Byser
Street Number	5872
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 12/10/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Changed the diffuser in the Clearstream and changed the filter in the aerator. The septic tank needs to be pumped. The timer is set to 3 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Phillip & Leslie McAllister
Site Address:	5792 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5792 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-8459
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Roy L. Farmer IV.

Property Information

County Name	Gloucester County
Owner Name	First: Phillip & Leslie Last: McAllister
Street Number	5792
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 4/22/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Owner called due to the alarm going off over the weekend and the red light still being on. The filter was stopped up. Cleaned the filter in the aerator. Did not get the initial sample.

Field Tests

Odor:

Turbidity / Color:

pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	04/22/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Phillip & Leslie McAllister
Site Address:	5792 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5792 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-8459
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Phillip & Leslie Last: McAllister
Street Number	5792
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 1/14/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping —Select One—

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	1/14/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Phillip & Leslie McAllister
Site Address:	5792 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5792 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-8459
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Phillip & Leslie Last: McAllister
Street Number	5792
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 12/10/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Changed the diffuser in the Clearstream and changed the filter in the aerator. The timer is set to 4 minutes every 3 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Carlene Verser
Site Address:	6882 Bellamy Lane Gloucester , VA 23061
Permit Number:	
Mail Address:	6882 Bellamy Lane Gloucester , VA 23061
Home Telephone:	694-3980 Carlene
Cellphone 1:	757-810-3416 Robert - son in law
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Carlene Last: Verser
Street Number	6882
Street Name	Bellamy Lane

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 12/23/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Owner called due to the alarm going off
and red light being on. Serviced system.
Checked the pump, panel, & floats (ok).
Cleaned the filter in the Clearstream.
Changed the diffuser in the Clearstream
and changed the filter in the aerator.
Installed a re-build kit on the aerator.
The timer is set to 3.25 minutes every 2
hours.
```

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	12/23/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Carlene Verser
Site Address:	6882 Bellamy Lane Gloucester , VA 23061
Permit Number:	
Mail Address:	6882 Bellamy Lane Gloucester , VA 23061
Home Telephone:	694-3980 Carlene
Cellphone 1:	757-810-3416 Robert - son in law
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Carlene Last: Verser
Street Number	6882
Street Name	Bellamy Lane

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 6/24/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	6/24/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Carlene Verser
Site Address:	6882 Bellamy Lane Gloucester , VA 23061
Permit Number:	
Mail Address:	6882 Bellamy Lane Gloucester , VA 23061
Home Telephone:	694-3980 Carlene
Cellphone 1:	757-810-3416 Robert - son in law
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Carlene Last: Verser
Street Number	6882
Street Name	Bellamy Lane

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 12/10/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Changed the
diffuser in the Clearstream and changed
the filter in the aerator. The septic
tank needs to be pumped. The timer is
set to 3 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charnel Thorton
Site Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Permit Number:	
Mail Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Home Telephone:	757-604-2475
Cellphone 1:	757-509-1311 - Alice (Mom)
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Sharnell Last: Thorton
Street Number	6599
Street Name	Hickory Knoll Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: –Select One–

Maintenance Activity

Service Date: 5/17/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The septic tank
needs to be pumped out. The timer is set
to to 4 minutes every 2 hours.
```

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	05/17/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charnel Thorton
Site Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Permit Number:	
Mail Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Home Telephone:	757-604-2475
Cellphone 1:	757-509-1311 - Alice (Mom)
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Charnel Last: Thorton
Street Number	6599
Street Name	Hickory Knoll Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 11/15/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	11/15/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charnel Thorton
Site Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Permit Number:	
Mail Address:	6599 Hickory Knoll Road Gloucester , VA 23061
Home Telephone:	757-604-2475
Cellphone 1:	757-509-1311 - Alice (Mom)
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Sharnell Last: Thorton
Street Number	6599
Street Name	Hickory Knoll Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 5/1/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

Owner called due to the red light being on. Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Installed a re-build kit on the aerator. The timer is set to 4 minutes every 2 hours.

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	05/01/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Coakley Lewis
Site Address:	8576 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8576 Thomas Jefferson Way Gloucester , VA
Home Telephone:	
Cellphone 1:	484-554-8901
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	118,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Coakley Last: Lewis
Street Number	8576
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 3/7/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Initial Visit

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream and cleaned the filter in the aerator. Changed the diffuser in the Clearstream. The timer is set to 5 minutes every 3.5 hours. Took initial BOD sample.

NOTE: The BOD sample was a little high - system should function properly after service.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD 16

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	03/07/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Coakley Lewis
Site Address:	8576 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8576 Thomas Jefferson Way Gloucester , VA
Home Telephone:	
Cellphone 1:	484-554-8901
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	118,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Coakley Last: Lewis
Street Number	8576
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection —Select One—

Maintenance Activity

Service Date 10/16/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/16/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Coakley Lewis
Site Address:	8576 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8576 Thomas Jefferson Way Gloucester , VA
Home Telephone:	
Cellphone 1:	484-554-8901
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	118,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Coakley Last: Lewis
Street Number	8576
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection —Select One—

Maintenance Activity

Service Date 3/30/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream.
Changed the filter in the aerator. The
timer is set to 4 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	03/30/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jason & Crystal Burton
Site Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	120,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Jason & Crystal Last: Burton
Street Number	8530
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 9/18/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Initial Visit

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. Fixed the grade
on the Clearstream pipe. The timer is
set to 3 minutes every 2 hours. Took
initial BOD sample.
```

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	16
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	09/18/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jason & Crystal Burton
Site Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	120,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Jason & Crystal Last: Burton
Street Number	8530
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 4/15/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	4/15/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jason & Crystal Burton
Site Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8530 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	120,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Jason & Crystal Last: Burton
Street Number	8530
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: –Select One–

Maintenance Activity

Service Date: 9/18/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Owner called due to the alarm going off.
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. There is visible
wetness on the drainfield - most likely
from rain - need to keep an eye on it.
The timer is set to 3 minutes every 2
hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	09/18/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Daniella Carson and Frank Smith
Site Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	121,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Daniella Last: Carson and Frank Smith
Street Number	8516
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 9/18/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Initial Visit

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 2 minutes every 2 hours. Took initial
BOD sample.
```

Field Tests

Odor

Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	3
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	09/18/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Daniella Carson and Frank Smith
Site Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	121,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Daniella Last: Carson and Frank Smith
Street Number	8516
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 4/15/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	4/15/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Daniella Carson and Frank Smith
Site Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8516 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	121,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Daniella Last: Carson and Frank Smith
Street Number	8516
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/21/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. Replaced the
alarm light bulb. The timer is set to 6
minutes every 2 hours.
```

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/21/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Tom & Charlotte McAllister
Site Address:	5842 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5842 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-2100 - Tom
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Tom Last: McAllister
Street Number	5842
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: –Select One–

Maintenance Activity

Service Date: 8/27/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Owner called due to the alarm going off. Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Installed a re-build kit on the aerator. The septic tank needs to be pumped out (solids, toilet paper, etc. real thick on top). The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is: Fixed

Certify Date: 08/27/2019 MM/DD/YYYY

Certify Time (08:00 AM): 12:00 p.m.

Active: ☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Tom & Charlotte McAllister
Site Address:	5842 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5842 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-2100 - Tom
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Tom & Charlotte Last: McAllister
Street Number	5842
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 4/15/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	4/15/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Tom & Charlotte McAllister
Site Address:	5842 Fletcher Road Gloucester , VA 23061
Permit Number:	
Mail Address:	5842 Fletcher Road Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	757-810-2100 - Tom
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Tom & Charlotte Last: McAllister
Street Number	5842
Street Name	Fletcher Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 12/10/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Changed the diffuser in the Clearstream and changed the filter in the aerator. The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Stephen & Cynthia Shearin
Site Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-804-832-1657 Cynthia
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 64,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Emily Brady

Property Information

County Name	Gloucester County
Owner Name	First: Stephen & Cynthia Last: Shearin
Street Number	8561
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 8/19/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Replaced the alarm float in the Clearstream and the alarm float in the pump tank. The septic tank needs to be pumped out. The timer is set to 7 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	08/19/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Stephen & Cynthia Shearin
Site Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-804-832-1657 Cynthia
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 64,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Stephen & Cynthia Last: Shearin
Street Number	8561
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 3/13/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	3/13/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Stephen & Cynthia Shearin
Site Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8561 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-804-832-1657 Cynthia
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 64,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Stephen & Cynthia Last: Shearin
Street Number	8561
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: -Select One-

Maintenance Activity

Service Date: 12/9/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 7.5 minutes every 2 hours. The septic
tank needs to be pumped. The
distribution top was replaced.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Michael Barrett
Site Address:	8411 Patrick Henry Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8411 Patrick Henry Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-768-7109 - Mike
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 105,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Roy L. Farmer IV.

Property Information

County Name	Gloucester County
Owner Name	First: Michael Last: Barrett
Street Number	8411
Street Name	Patrick Henry Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 8/8/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Owner called due to the alarm going off.
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and diffuser in the Clearstream. Changed
the filter in the aerator. Installed a
re-build kit on the aerator.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	08/08/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Michael Barrett
Site Address:	8411 Patrick Henry Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8411 Patrick Henry Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-768-7109 - Mike
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 105,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Michael Last: Barrett
Street Number	8411
Street Name	Patrick Henry Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 1/30/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	01/30/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

Inspection Report

Customer Number:	
Name:	Michael Barrett
Site Address:	8411 Patrick Henry Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8411 Patrick Henry Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-768-7109 - Mike
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	6 Month NSF Inspection
Lot, Block:	# 105,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By-:	Emily Brady
Service Date	7/25/2020
Service Performed By	Allen Farmer

Comments

6 Month NSF Inspection

VISUAL INSPECTION OF THE ALARM PANEL. CHECK THE CIRCUIT BREAKER FOR A TRIP INDICATION AND THE ALARM LIGHT.	Yes
OPEN THE CLEARSTREAM ACCESS COVER AND VISUALLY INSPECT THE EFFLUENT TO CHECK IF IT IS CLEAR AND ODORLESS.	Yes
VISUALLY INSPECT THE CLARIFIER. IF SCUM LAYER IS PRESENT, STIR THE CLARIFIER WITH A PADDLE TO ALLOW SETTLING OF SOLIDS SO THEY CAN RE-ENTER THE AERATION CHAMBER.	Yes
CHECK AERATOR EXTERNAL AND INTERNAL FILTERS. CLEAN OR REPLACE AS NECESSARY.	Yes
IF UNIT IS AN "N" MODEL VISUALLY INSPECT THE WATER LEVEL IN THE CLARIFIER. IF ABOVE THE OUTFLOW PIPE USE A 5 GALLON BUCKET OF WATER TO BACKWASH THE TERTIARY FILTER AS NEEDED.	No

BEFORE LEAVING JOB-SITE REPLACE ACCESS COVER AND CHECK TO SEE IF ALL REQUIRED TAMPER RESISTANT BOLTS ARE IN PLACE.	Yes
A PERMANENT OPERATOR'S SERVICE LABEL SHOULD BE CLEARLY VISIBLE AND LOCATED NEAR THE FAILURE SIGNAL. THE LABEL SHOULD INCLUDE THE FOLLOWING INFORMATION: -Operators name, address; and phone number.	Yes
Note all maintenance performed or adjustments made, including parts replaced:	.

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

Inspection Report

Customer Number:	
Name:	Kemp & Sonia Williams
Site Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-812-3828
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	6 Month NSF Inspection
Lot, Block:	# 63,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By-:	Emily Brady
Service Date	2/16/2019
Service Performed By	Allen Farmer

Comments

6 Month NSF Inspection

VISUAL INSPECTION OF THE ALARM PANEL. CHECK THE CIRCUIT BREAKER FOR A TRIP INDICATION AND THE ALARM LIGHT.	Yes
OPEN THE CLEARSTREAM ACCESS COVER AND VISUALLY INSPECT THE EFFLUENT TO CHECK IF IT IS CLEAR AND ODORLESS.	Yes
VISUALLY INSPECT THE CLARIFIER. IF SCUM LAYER IS PRESENT, STIR THE CLARIFIER WITH A PADDLE TO ALLOW SETTLING OF SOLIDS SO THEY CAN RE-ENTER THE AERATION CHAMBER.	Yes
CHECK AERATOR EXTERNAL AND INTERNAL FILTERS. CLEAN OR REPLACE AS NECESSARY.	Yes
IF UNIT IS AN "N" MODEL VISUALLY INSPECT THE WATER LEVEL IN THE CLARIFIER. IF ABOVE THE OUTFLOW PIPE USE A 5 GALLON BUCKET OF WATER TO BACKWASH THE TERTIARY FILTER AS NEEDED.	No

BEFORE LEAVING JOB-SITE REPLACE ACCESS COVER AND CHECK TO SEE IF ALL REQUIRED TAMPER RESISTANT BOLTS ARE IN PLACE.	Yes
A PERMANENT OPERATOR'S SERVICE LABEL SHOULD BE CLEARLY VISIBLE AND LOCATED NEAR THE FAILURE SIGNAL. THE LABEL SHOULD INCLUDE THE FOLLOWING INFORMATION: -Operators name, address; and phone number.	Yes
Note all maintenance performed or adjustments made, including parts replaced:	.

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

Inspection Report

Customer Number:	
Name:	Kemp & Sonia Williams
Site Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-812-3828
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	6 Month NSF Inspection
Lot, Block:	# 63,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By-:	Emily Brady
Service Date	8/16/2019
Service Performed By	Allen Farmer

Comments

6 Month NSF Inspection

VISUAL INSPECTION OF THE ALARM PANEL. CHECK THE CIRCUIT BREAKER FOR A TRIP INDICATION AND THE ALARM LIGHT.	Yes
OPEN THE CLEARSTREAM ACCESS COVER AND VISUALLY INSPECT THE EFFLUENT TO CHECK IF IT IS CLEAR AND ODORLESS.	Yes
VISUALLY INSPECT THE CLARIFIER. IF SCUM LAYER IS PRESENT, STIR THE CLARIFIER WITH A PADDLE TO ALLOW SETTLING OF SOLIDS SO THEY CAN RE-ENTER THE AERATION CHAMBER.	Yes
CHECK AERATOR EXTERNAL AND INTERNAL FILTERS. CLEAN OR REPLACE AS NECESSARY.	Yes
IF UNIT IS AN "N" MODEL VISUALLY INSPECT THE WATER LEVEL IN THE CLARIFIER. IF ABOVE THE OUTFLOW PIPE USE A 5 GALLON BUCKET OF WATER TO BACKWASH THE TERTIARY FILTER AS NEEDED.	No

BEFORE LEAVING JOB-SITE REPLACE ACCESS COVER AND CHECK TO SEE IF ALL REQUIRED TAMPER RESISTANT BOLTS ARE IN PLACE.	Yes
A PERMANENT OPERATOR'S SERVICE LABEL SHOULD BE CLEARLY VISIBLE AND LOCATED NEAR THE FAILURE SIGNAL. THE LABEL SHOULD INCLUDE THE FOLLOWING INFORMATION: -Operators name, address; and phone number.	Yes
Note all maintenance performed or adjustments made, including parts replaced:	.

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Kemp & Sonia Williams
Site Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8549 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	1-757-812-3828
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	# 63,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Kemp & Sonia Last: Williams
Street Number	8549
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 1/30/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

Owner called due to a smell and gurgling in the tank. The weir filter was stopped up. Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Adjusted the alarm float in the Clearstream. Pumped the sludge out of the Clearstream as well as the pump tank. The timer is set to 2 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	01/30/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Marilyn Knight
Site Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	772-559-3585
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	66,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Marilyn Last: Knight
Street Number	8591
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 3/7/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Initial Visit

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and diffuser in the Clearstream and
cleaned the filter in the aerator. The
timer is set to 2 minutes every 2 hours.
Needs risers. Took initial BOD sample.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD 7

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	03/07/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Marilyn Knight
Site Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	772-559-3585
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	66,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Marilyn Last: Knight
Street Number	8591
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 10/16/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:
- [ ] Attached Growth Medium Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:
- [ ] Attached Growth Medium Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/16/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Marilyn Knight
Site Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8591 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	772-559-3585
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	66,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Marilyn Last: Knight
Street Number	8591
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 3/30/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream.
Changed the filter in the aerator.
Replaced the alarm light bulb on the
panel. The timer is set to 5.5 minutes
every 2.25 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	03/30/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charles Hartman
Site Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	First Maintenance 600DC
Lot, Block:	76,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Charles Hartman Last:
Street Number	8771
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 3/7/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Initial Visit

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. The timer is set to 3 minutes every 2 hours. Took initial BOD sample.

NOTE: The BOD sample was a little high - system should function properly after service

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	22
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	03/07/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charles Hartman
Site Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	76,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Charles Hartman Last:
Street Number	8771
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection —Select One—

Maintenance Activity

Service Date 10/14/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/14/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Charles Hartman
Site Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Permit Number:	
Mail Address:	8771 Thomas Jefferson Way Gloucester , VA 23061
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	600DC
Lot, Block:	76,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Charles Hartman Last:
Street Number	8771
Street Name	Thomas Jefferson Way

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 3/30/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream (added new fitting -
union was glued shut) and changed the
filter in the aerator. The timer is set
to 3 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	03/30/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 4/3/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream, changed the filter
in the aerator, changed the mesh screen
in the spinfilter, and changed the light
bulb for the alarm. Pumped out the pump
tank. The timer is set to 6 minutes
every 2 hours. The alarm was muted when
we arrived.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	04/05/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 11/16/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	11/16/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 4/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream and cleaned the filter in the aerator. Changed the diffuser in the Clearstream and changed the mesh screen in the spinfilter. The spinfilter screen was stopped up and the pump screen was stopped up. The UV has been fixed. Spinfilter return line was below the water level in the trash tank - fixed. The septic tank needs pumping (water level is low). The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	04/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 7/22/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the mesh
screen in the spinfilter, changed the
diffuser in the Clearstream, and changed
the filter in the aerator. The timer is
set to 8 minutes every 1 hour.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/22/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection —Select One— ▾

Maintenance Activity

Service Date 3/12/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled ▾

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	3/12/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Changed the diffuser in the Clearstream, changed the filter in the aerator, and changed the mesh screen in the spinfilter. Could not locate the vacuum breakers. The timer is set to 8 minutes every 1 hour.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: –Select One–

Maintenance Activity

Service Date: 5/10/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream and cleaned the mesh screen in the spinfilter. Changed the diffuser in the Clearstream and changed the filter in the aerator. Installed a 3/4 union on the diffuser. The septic tank needs to be pumped. The timer is set to 6 minutes every 3 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	05/10/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: –Select One–

Maintenance Activity

Service Date: 1/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	1/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Changed the diffuser in the Clearstream, changed the filter in the aerator, and changed the mesh screen in the spinfilter. Replaced air line pipe and hose. The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 7/23/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The septic tank
needs to be pumped out.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/23/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/10/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 6/29/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and cleaned the diffuser in the
Clearstream. Changed filter in the
aerator. Installed a re-build kit on the
aerator. The septic tank needs pumping
and pump the trash from the bottom of
the Clearstream when doing so.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	06/29/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 7/22/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. Installed a re-
build kit on the aerator. The septic
tank needs to be pumped out. The timer
is set to 2 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/22/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 1/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	1/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 07/29/2020

Visit Time (ex. 09:00AM) 12:00 PM

Visit Purpose Routine/Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [ ] Level Sensor Operation
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation
- [ ] Other
- [ ] None

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [ ] Level Sensor Operation
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation
- [ ] Other
- [ ] None

Effluent Screen Cleaned Yes ○ No ○ N/A ○

Field Tests

Odor --Select One--

Turbidity / Color --Select One--

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected mm/dd/yyyy

Collection Point --Select One--

Laboratory Name

Laboratory Results are --Select One--

System Pumpout

Reason For Pumping --Select One--

Date Pumped mm/dd/yyyy
MM/DD/YYYY

Disposal Site

Sewage Handler Name /Inspector Name

What was the outcome of the visit? --Select One--

Effluent Returning Back Into Tank After Pumping? Yes ○ No ○ N/A ○

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Conclusion

Laboratory/Formal Sample Results within Permitted Limits? Yes ○ No ○ N/A ○

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream. Changed the filter in the aerator. Replaced the UV light bulb. Replaced the buzzer. The septic tank should be pumped out and the Clearstream needs pumping as well. The septic needs additional risers on it to be properly inspected in the future. The timer is set to 2 minutes every 3 hours.

Certification of Inspection and Results

I Hereby Certify

- ○ This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613
- ◉ This AOSS should now return to normal function after having provided the above state routine maintenance
- ○ This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements
- ○ This alternative discharging system is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-640
- ○ This alternative discharging system should now return to normal function after having provided the above stated routine maintenance
- ○ This alternative discharging system is not functioning as designed or in accordance with the performance /maintenance requirements of 12VAC5-640

Certify Date: 07/29/2020 (MM/DD/YYYY)

Certify Time (08:00 AM): 12:00 PM

Active: ☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/7/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream and cleaned the UV
light bulb. Changed the diffuser in the
Clearstream and changed the filter in
the aerator. The timer is set to 6
minutes every 1 hour.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/07/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection -Select One-

Maintenance Activity

Service Date 5/13/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream,
cleaned the filter in the aerator.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	5/13/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/8/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Replaced the UV light bulb and replaced the UV ballast. The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	12/8/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 9/19/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream and cleaned the
filter in the aerator. Changed the
diffuser in the Clearstream. The septic
tank needs to be pumped out. The timer
is set to 3 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	09/19/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 4/15/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	4/15/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/8/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 3 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/8/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal --Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/2/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided
- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 2 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/02/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal --Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 5/13/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	5/13/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal --Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 2 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 4/3/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed	☐ Attached Growth Medium Auxiliary Filter (e.g., Spin Filter) ☑ Blower/Compressor/Aerator Operation ☑ Control Operation ☑ Disinfection ☐ Dispersal System Operation ☑ Distribution Pump Operation ☑ Effluent Screens ☑ Level Sensor (Float) Operation ☐ None ☐ Recirculation Pump ☐ Septic Tank Baffles ☑ Sludge/Scum Accumulation
Maintenance Provided	☐ Attached Growth Medium Auxiliary Filter (e.g., Spin Filter) ☑ Blower/Compressor/Aerator Operation ☑ Control Operation ☑ Disinfection ☐ Dispersal System Operation ☑ Distribution Pump Operation ☑ Effluent Screens ☑ Level Sensor (Float) Operation ☐ None ☐ Recirculation Pump ☐ Septic Tank Baffles ☑ Sludge/Scum Accumulation
Comments	Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream, changed the filter in the aerator, changed the mesh screen in the spinfilter, and changed the light bulb for the alarm. Pumped out the pump tank. The timer is set to 6 minutes every 2 hours. The alarm was muted when we arrived.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	04/05/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 11/16/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	11/16/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Nancy Smith
Site Address:	449 Tabernacle Rd Mathews , VA 23109
Permit Number:	
Mail Address:	P.O. Box 133 Ark , VA 23003
Home Telephone:	804-693-6764
Cellphone 1:	804-815-7596 - Lucy
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Nancy Last: Smith
Street Number	449
Street Name	Tabernacle Rd

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 4/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream and cleaned the filter in the aerator. Changed the diffuser in the Clearstream and changed the mesh screen in the spinfilter. The spinfilter screen was stopped up and the pump screen was stopped up. The UV has been fixed. Spinfilter return line was below the water level in the trash tank - fixed. The septic tank needs pumping (water level is low). The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	04/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 7/22/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the mesh
screen in the spinfilter, changed the
diffuser in the Clearstream, and changed
the filter in the aerator. The timer is
set to 8 minutes every 1 hour.
```

Field Tests

Odor	
Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/22/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection —Select One—

Maintenance Activity

Service Date 3/12/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	3/12/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Todd Hudgins
Site Address:	731 Peach Point Road Mathews , VA 23109
Permit Number:	
Mail Address:	731 Peach Point Road Mathews , VA 23109
Home Telephone:	804-725-2578
Cellphone 1:	804-824-1491
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Todd Last: Hudgins
Street Number	731
Street Name	Peach Point Road

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok).  Changed the
diffuser in the Clearstream, changed the
filter in the aerator, and changed the
mesh screen in the spinfilter. Could not
locate the vacuum breakers. The timer is
set to 8 minutes every 1 hour.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 5/10/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream and cleaned the mesh
screen in the spinfilter. Changed the
diffuser in the Clearstream and changed
the filter in the aerator. Installed a
3/4 union on the diffuser. The septic
tank needs to be pumped. The timer is
set to 6 minutes every 3 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	05/10/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 1/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	1/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Mike Carone
Site Address:	623 Hicks Wharf Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 914 Mathews , VA 23109
Home Telephone:	
Cellphone 1:	804-339-4763
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Gloucester County
Owner Name	First: Mike Last: Carone
Street Number	623
Street Name	Hicks Wharf Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Changed the
diffuser in the Clearstream, changed the
filter in the aerator, and changed the
mesh screen in the spinfilter. Replaced
air line pipe and hose. The timer is set
to 6 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 7/23/2019 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP):

Maintenance Needed:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided:

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The septic tank
needs to be pumped out.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/23/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/10/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/10/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Debbie Farmer
Site Address:	142 Cardinal Rd. Cardinal , VA 23025
Permit Number:	
Mail Address:	P.O. Box 382 Grimstead , VA 23064
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Debbie Last: Farmer
Street Number	142
Street Name	Cardinal Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 6/29/2020 MM/DD/YYYY

Visit Time (ex. 09:00AM):

Visit Purpose: Reportable Incident

Actual / Estamated Flow (GDP):

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments:

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and cleaned the diffuser in the
Clearstream. Changed filter in the
aerator. Installed a re-build kit on the
aerator. The septic tank needs pumping
and pump the trash from the bottom of
the Clearstream when doing so.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	06/29/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 7/22/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Installed a re-build kit on the aerator. The septic tank needs to be pumped out. The timer is set to 2 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	07/22/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 1/16/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	1/16/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Barbara Brown
Site Address:	3215 Bethel Beach Rd. Mathews , VA 23109
Permit Number:	
Mail Address:	303 Beaver Dam Road Port Haywood , VA 23138
Home Telephone:	804-725-3659
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Barbara Last: Brown
Street Number	3215
Street Name	Bethel Beach Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 07/29/2020

Visit Time (ex. 09:00AM) 12:00 PM

Visit Purpose Routine/Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [ ] Level Sensor Operation
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation
- [ ] Other
- [ ] None

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [ ] Level Sensor Operation
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation
- [ ] Other
- [ ] None

Effluent Screen Cleaned Yes ○ No ○ N/A ○

Field Tests

Odor --Select One--

Turbidity / Color --Select One--

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected mm/dd/yyyy

Collection Point --Select One--

Laboratory Name

Laboratory Results are --Select One--

System Pumpout

Reason For Pumping --Select One--

Date Pumped mm/dd/yyyy
MM/DD/YYYY

Disposal Site

Sewage Handler Name /Inspector Name

What was the outcome of the visit? --Select One--

Effluent Returning Back Into Tank After Pumping? Yes ○ No ○ N/A ○

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Conclusion

Laboratory/Formal Sample Results within Permitted Limits? Yes ○ No ○ N/A ○

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream. Changed the filter in the aerator. Replaced the UV light bulb. Replaced the buzzer. The septic tank should be pumped out and the Clearstream needs pumping as well. The septic needs additional risers on it to be properly inspected in the future. The timer is set to 2 minutes every 3 hours.

Certification of Inspection and Results

I Hereby Certify

- ○ This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613
- ◉ This AOSS should now return to normal function after having provided the above state routine maintenance
- ○ This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements
- ○ This alternative discharging system is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-640
- ○ This alternative discharging system should now return to normal function after having provided the above stated routine maintenance
- ○ This alternative discharging system is not functioning as designed or in accordance with the performance /maintenance requirements of 12VAC5-640

Certify Date: 07/29/2020 (MM/DD/YYYY)

Certify Time (08:00 AM): 12:00 PM

Active: ☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/7/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream and cleaned the UV
light bulb. Changed the diffuser in the
Clearstream and changed the filter in
the aerator. The timer is set to 6
minutes every 1 hour.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/07/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection -Select One-

Maintenance Activity

Service Date 5/13/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream,
cleaned the filter in the aerator.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	5/13/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Jane Partin
Site Address:	1127 Circle Drive New Point , VA
Permit Number:	
Mail Address:	8301 Graves Road South Chesterfield , VA 23803
Home Telephone:	804-725-2865
Cellphone 1:	804-590-1028
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Jane Last: Partin
Street Number	1127
Street Name	Circle Drive

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/8/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [x] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. Replaced the UV light bulb and replaced the UV ballast. The timer is set to 6 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Fixed
Certify Date	12/8/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 9/19/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream and cleaned the filter in the aerator. Changed the diffuser in the Clearstream. The septic tank needs to be pumped out. The timer is set to 3 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	09/19/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection: --Select One--

Maintenance Activity

Service Date: 4/15/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose: Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments: Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter and the diffuser in the Clearstream and cleaned the filter in the aerator.

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	4/15/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	William & Bethany Walker
Site Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Permit Number:	
Mail Address:	259 Old Bar Neck Rd. Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: William & Bethany Last: Walker
Street Number	259
Street Name	Old Bar Neck Rd.

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--
Dispersal	--Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/8/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

Serviced system. Checked the pump, panel, & floats (ok). Cleaned the filter in the Clearstream. Changed the diffuser in the Clearstream and changed the filter in the aerator. The timer is set to 3 minutes every 2 hours.

Field Tests

Odor

Turbidity / Color	
pH (SU)	
DO (aeration tank) (mg/L)	
Settleable Solids (%)	
TRC (after contact tank)(mg/L)	
Other:	

Lab Tests

Lab BOD	
Lab TRC	
Lab Fecal Coliform	
Lab TSS	
Lab Total Nitrogen	
Lab Total Phosphorus	
Date Collected	
Collection Point	
Laboratory Name	

Comments

System Pumpout

Reason For Pumping	--Select One--
Date Pumped	MM/DD/YYYY
Disposal Site	

Volume Pumped

Septic Tank 1 (Gallons)	
Septic Tank 2 (Gallons)	
Pump/Siphon Tank (Gallons)	
Treatment Unit 1 (Gallons)	
Treatment Unit 2 (Gallons)	
Other (Gallons)	

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/8/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal --Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 10/2/2019
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 2 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	10/02/2019 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal -Select One-

Disinfection -Select One-

Maintenance Activity

Service Date 5/13/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
and the diffuser in the Clearstream and
cleaned the filter in the aerator
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	5/13/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Farmer's Septic Service, Inc.
P.O. Box 301
Moon , VA 23119
804-725-9645

VENIS Report

Customer Number:	
Name:	Hannah Goddard
Site Address:	145 Paddys Court Port Haywood , VA 23138
Permit Number:	
Mail Address:	145 Paddys Ct. P.O. Box 474 Port Haywood , VA 23138
Home Telephone:	
Cellphone 1:	703-946-7644
Management Level or Permit Type:	NONE
Component that was pumped, inspected or maintained:	Clearstream Model 600
Lot, Block:	,
Subdivision:	
Assigned Route / Zone:	
Alternate First Name:	
Alternate Last Name:	
Report Filed By:	Emily Brady
Service Performed By	Ross Cole

Property Information

County Name	Mathews County
Owner Name	First: Hannah Last: Goddard
Street Number	145
Street Name	Paddys Court

System Information

Number of Septic/Trash tanks	1
Total Septic Tank Capacity (Gallons)	
Treatment Unit 1 (Component Type)	--Select One--
Treatment Unit 2 (Component Type)	--Select One--
Conveyance	--Select One--
Distribution	--Select One--

Dispersal --Select One--

Disinfection --Select One--

Maintenance Activity

Service Date 12/9/2020
MM/DD/YYYY

Visit Time (ex. 09:00AM)

Visit Purpose Routine, Scheduled

Actual / Estamated Flow (GDP)

Maintenance Needed

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Maintenance Provided

- [ ] Attached Growth Medium
- [ ] Auxiliary Filter (e.g., Spin Filter)
- [x] Blower/Compressor/Aerator Operation
- [x] Control Operation
- [ ] Disinfection
- [ ] Dispersal System Operation
- [x] Distribution Pump Operation
- [x] Effluent Screens
- [x] Level Sensor (Float) Operation
- [ ] None
- [ ] Recirculation Pump
- [ ] Septic Tank Baffles
- [x] Sludge/Scum Accumulation

Comments

```
Serviced system. Checked the pump,
panel, & floats (ok). Cleaned the filter
in the Clearstream. Changed the diffuser
in the Clearstream and changed the
filter in the aerator. The timer is set
to 2 minutes every 2 hours.
```

Field Tests

Odor

Turbidity / Color

pH (SU)

DO (aeration tank) (mg/L)

Settleable Solids (%)

TRC (after contact tank)(mg/L)

Other:

Lab Tests

Lab BOD

Lab TRC

Lab Fecal Coliform

Lab TSS

Lab Total Nitrogen

Lab Total Phosphorus

Date Collected

Collection Point

Laboratory Name

Comments

System Pumpout

Reason For Pumping --Select One--

Date Pumped MM/DD/YYYY

Disposal Site

Volume Pumped

Septic Tank 1 (Gallons)

Septic Tank 2 (Gallons)

Pump/Siphon Tank (Gallons)

Treatment Unit 1 (Gallons)

Treatment Unit 2 (Gallons)

Other (Gallons)

Pumpout Comments

Certification of Inspection and Results

I hereby certify the condition of the system is	Good
Certify Date	12/09/2020 MM/DD/YYYY
Certify Time (08:00 AM)	12:00 p.m.
Active	☑

Appendix D

Mail Report to the following:

Company: GCT
Contact: Eric Holland
Address: 5261 Highland Rd
Address:
City/St/Zip: Baton Rouge, LA
Email: eric.holland@gctla.com
Phone: 225 397-0633 Fax:

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream
Project Location:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No.:

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
Date Due: Standard
☐ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / Waste	Soil	Waste	Other	cBOD	BOD	pH	Total Suspended Solids	Remarks
8411	2/4/20	1310	4	2					✓	✓	✓	✓	
5842	2/4/20	1346	4	2					✓	✓	✓	✓	
5792	2/4/20	1355	4	2					✓	✓	✓	✓	
3215	2/4/20	1650	4	2					✓	✓	✓	✓	
8561	2/4/20	1325	4	2					✓	✓	✓	✓	
145	2/4/20	1710	4	2					✓	✓	✓	✓	
449	2/4/20	1540	4	2					✓	✓	✓	✓	
259	2/4/20	1620	4	2					✓	✓	✓	✓	
5872	2/4/20	1540	4	2					✓	✓	✓	✓	
731	2/4/20	1508	4	2					✓	✓	✓	✓	

Relinquished by:	Company:	Date	Time	Received by:	Company:
		2/6/20	0430		GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No.

1/3

Mail Report to the following:

Company: GCT
Contact: ERIC Holland
Address:
Address:
City/St/Zip:
Email:
Phone: Fax:

Project Information...

Project Manager: ERIC Holland
Project Name: Clearstream
Project Location:
Project No.:
Purchase Order No.:
Purchasing Contact:
Purchasing Phone No.:

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

If there are multiple choices for an item please circle one.

Turnaround Time
☐ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Date Due: Standard

Sampler's Name(s):

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: Waste	Soil	Waste	Other	CBOD	BOD	pH	Total Suspended Solids	Remarks
					Check One										
6599	2/4/20	1345	4	2							✓	✓	✓	✓	
142	2/4/20	1311	4	2							✓	✓	✓	✓	
623	2/4/20	1255	4	2							✓	✓	✓	✓	
6882	2/4/20	1410	4	2							✓	✓	✓	✓	
1127	2/4/20	1602	4	2							✓	✓	✓	✓	
8591	2/5/20	1209	4	2							✓	✓	✓	✓	
8771	2/5/20	1210	4	2							✓	✓	✓	✓	
8549	2/5/20	1215	4	2							✓	✓	✓	✓	
8516	2/5/20	1207	4	2							✓	✓	✓	✓	
8576	2/5/20	1205	4	2							✓	✓	✓	✓	

Relinquished by:	Company:	Date	Time	Received by:	Company:
		2/6/20	0930		GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No.

2/5

Mail Report to the following:

Company: GCT
Contact: Eric Holland
Address: _____
Address: _____
City/St/Zip: _____
Email: _____
Phone: _____ Fax: _____

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream
Project Location: _____
Project No.: _____
Purchase Order No.: _____
Purchasing Contact: _____
Purchasing Phone No.: _____

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

If there are multiple choices for an item please circle one.

Turnaround Time
☐ Normal (7-10 work days)
Date Due: Standard
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Sampler's Name(s):

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: Waste	Soil	Waste	Other	BOD	COD	pH	Total Suspended Solids	Remarks
S350	2/5/20	1200	4	2							✓	✓	✓	✓	

Relinquished by:	Company:	Date	Time	Received by:	Company:
		2/4/20	0930		GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

1/5

Mail Report to the following:

Company: GCT
Contact: 14378 Park Ave
Address: Eric Holland
Address:
City/St/Zip: Prairieville, LA
Email: eric.holland@gctla.com
Phone: (225) 397-0633 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: virginia clearstream
Project Location: virginia
Project No.: —
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: standard

Sampler's Name(s): Eric Holland

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Ground	Waste	Soil	Waste	Other	BOD	COD	pH (Field)	Total Suspended Solids	Remarks
					Check One										
8591	6/24/20	0900	4°	2	X						X	X	X	X	composite
8771	6/24/20	0910	4°	2	X						X	X	X	X	composite
8530	6/24/20	0915	4°	2	X						X	X	X	X	composite
8576	6/24/20	0922	4°	2	X						X	X	X	X	composite
8516	6/24/20	0919	4°	2	X						X	X	X	X	composite
6582	6/23/20	1352	4°	2	X						X	X	X	X	
6599	6/23/20	1421	4°	2	X						X	X	X	X	
8411	6/23/20	1346	4°	2	X						X	X	X	X	
8561	6/23/20	1328	4°	2	X						X	X	X	X	
623	6/23/20	1215	4°	2	X						X	X	X	X	

Relinquished by:	Company: GCT	Date 6/24/20	Time 1145	Received by:	Company: GCT
Relinquished by:	Company:	Date	Time (EST)	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. —

2+ EM 2/4 2/5

Mail Report to the following:

Company: GCT
Contact: Eric Holland
Address: 14378 Park Ave
Address:
City/St/Zip: Prairieville, LA
Email: eric.holland@gctla.com
Phone: 225 397-0633 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: clear stream
Project Location: Virginia
Project No.: —
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☑ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: Standard

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: Waste	Soil	Waste	Other	BOD5	CBOD5	pH (Field)	Total Suspended Solids	Remarks
142	6/23/20	1235	4° No 1152	2							✓	✓	✓	✓	
5872	6/23/20	1340	4° No 6/24/20	2							✓	✓	✓	✓	
8549	6/23/20	1233	4° No	2							✓	✓	✓	✓	
145	6/23/20	1420	4° No	2							✓	✓	✓	✓	
449	6/23/20	1345	4° No	2							✓	✓	✓	✓	
731	6/23/20	1239	4° No	2							✓	✓	✓	✓	
5842	6/23/20	1330	4° No	2							✓	✓	✓	✓	
3215	6/23/20	1245	4° No	2							✓	✓	✓	✓	
1127	6/23/20	1225	4° No	2							✓	✓	✓	✓	
5792	6/23/20	1320	4° No	2							✓	✓	✓	✓	

Relinquished by:	Company:	Date	Time	Received by:	Company:
Eric Holland	GCT	6/24/20	1145	Eric Holland	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Mail Report to the following:

Company: GCT
Contact: 14378 Park Ave
Address: Eric Holland
Address:
City/St/Zip: Prairieville, LA
Email: eric.holland@gctla.com
Phone: (225) 397-0633 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: clearstream
Project Location: Virginia
Project No.: —
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Hazards and Comments

Turnaround Time

Date Due: standard

☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} ***Rush Fees Will Apply***

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water: Drinking	Water: Ground	Waste	Soil	Waste	Other	BOD	cBOD	pH (Field)	Total Suspended Solids	Remarks
259	6/23/20	1345	4°	2	X						X	X	X	X	
8591 Inf	6/24/20	0902	4°	2	X						X	X	X	X	
8771 Inf	6/24/20	0904	4°	2	X						X	X	X	X	
6482 Inf	6/23/20	1350	4°	2	X						X	X	X	X	
6599 Inf.	6/23/20	1420	4°	2	X						X	X	X	X	
8411 Inf	6/23/20	1345	4°	2	X						X	X	X	X	
8561 Inf	6/23/20	1330	4°	2	X						X	X	X	X	
8549 Inf	6/23/20	1230	4°	2	X						X	X	X	X	
5842 Inf	6/23/20	1326	4°	2	X						X	X	X	X	
623 Inf	6/23/20	1216	4°	2	X						X	X	X	X	

Relinquished by:	Company:	Date	Time	Received by:	Company:
[signature]	GCT	6/24/20	1145	[signature]	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Mail Report to the following:

Company: GCT
Contact: Eric Holland
Address: 14378 Park Ave
Address:
City/St/Zip: Prairie.lle, LA 70769
Email: eric.holland@gctla.com
Phone: (225)397-0633 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: clearstream
Project Location: Virginia
Project No.: —
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Hazards and Comments

Turnaround Time

☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: Standard

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Ground	Waste	Soil	Waste	Other	BOD	CBOD	pH (Field)	Total Suspended Solids	Remarks
142 Inf	6/23/20	1233	4°	2	X						X	X	X	X	
5872 Inf	6/23/20	1342	4°	2	X						X	X	X	X	
3530 Inf	6/23/20	0617	4°	2	X						X	X	X	X	
3576 Inf	6/23/20	0622	4°	2	X						X	X	X	X	
5516 Inf	6/23/20	0620	4°	2	X						X	X	X	X	
5572 Inf	6/23/20	1342	4°	2	X						X	X	X	X	
145 Inf	6/23/20	1421	4°	2	X						X	X	X	X	
449 Inf	6/23/20	1347	4°	2	X						X	X	X	X	
731 Inf	6/23/20	1240	4°	2	X						X	X	X	X	
3215 Inf	6/23/20	1249	4°	2	X						X	X	X	X	

Relinquished by:	Company:	Date	Time	Received by:	Company:
Eric Holland	GCT	6/24/20	1145	Eric Holland	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

5 of 5

Mail Report to the following:

Company: GCT
Contact: Eric Holland
Address: 14378 Park Ave
Address:
City/St/Zip: Prairieville, LA 70769
Email: eric.holland@gctla.com
Phone: (225) 397-0633 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: clearstream
Project Location: Virginia
Project No.: —
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☐ Normal (7-10 work days)
Date Due: ☐ Rush 5 day ☐ Rush 3 day ☐ Rush 1 day } *Rush Fees Will Apply*

Sampler's Name(s):

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Check One: Water: Drinking	Water: Ground	Water: Waste	Soil	Waste	Other	BOD	CBOD	pH (Field)	Total Suspended Solids	Remarks
1127	6/23/20	1326	4°	2	X						X	X	X	X	
5192	6/23/20	1322	4°	2	X						X	X	X	X	

Relinquished by: Eric Holland	Company: GCT	Date 6/24/20	Time 1145	Received by:	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: Clearstream
Contact: Jenny McKinney
Address: 4899 US Hwy 69S
Address: —
City/St/Zip: Lumberton, TX 77657
Email: Jenny@clearstreamsystems.com
Phone: (800) 556 3656 Fax: —

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream - Virginia
Project Location: Virginia
Project No.: 092720
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: Standard

Sampler's Name(s): Eric Holland, William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / (Waste)	Soil	Waste	Other	CBOD	D.O (Field)	pH (Field)	Total Suspended Solids	BOD	Remarks
5542	9/24/20	1025	N Y	2	X				X	X	X	X	X	
3215	9/24/20	1020	N Y	2	X				X	X	X	X	X	
1127	9/24/20	0945	N Y	2	X				X	X	X	X	X	
5792	9/24/20	1015	N Y	2	X				X	X	X	X	X	
259	9/24/20	1010	N Y	2	X				X	X	X	X	X	
8516	9/24/20	0820	N Y	2	X				X	X	X	X	X	
623	9/24/20	1150	N Y	2	X				X	X	X	X	X	
142	9/24/20	1150	W N Y	2	X				X	X	X	X	X	
8530	9/24/20	0815	N Y	2	X				X	X	X	X	X	
8576	9/24/20	0835	N Y	2	X				X	X	X	X	X	

Relinquished by: Eric Holland	Company: GCT	Date 9/27/20	Time 1340	Received by: Eric Holland	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: clearstream
Contact: Jerry McKinney
Address: 4899 US Hwy 69S
Address: —
City/St/Zip: Lumberton, TX 77657
Email: Jerry@clearstreamsystems.com
Phone: (800) 580-3656 Fax: —

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream - Virginia
Project Location: Virginia
Project No.: 092720
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: STANDARD

Sampler's Name(s): Eric Holland, William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / (Waste)	Soil	Waste	Other	COD	D.O. Field	pH Field	Total Suspended Solids	BOD	Remarks
5872	9/26/20	1030	H Y	2	X				X	X	X	X	X	
8591	9/26/20	0930	H Y	2	X				X	X	X	X	X	
8771	9/26/20	0740	H Y	2	X				X	X	X	X	X	
6582	9/26/20	1100	H Y	2	X				X	X	X	X	X	
6599	9/26/20	1125	H Y	2	X				X	X	X	X	X	
8411	9/26/20	0945	H Y	2	X				X	X	X	X	X	
8561	9/26/20	0915	H Y	2	X				X	X	X	X	X	
8549	9/26/20	0830	H Y	2	X				X	X	X	X	X	
145	9/26	1035	H Y	2	X				X	X	X	X	X	
4469	9/26	1055	H Y	2	X				X	X	X	X	X	

Relinquished by: Eric Holland	Company: GCT	Date 9/27/20	Time 1340	Received by: Eric Holland	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: clearstream
Contact: Jerry McKinney
Address: 4599 US Hwy 69S
Address: —
City/St/Zip: Lumberton, TX 77657
Email: Jerry@clearstreamsystems.com
Phone: (800) 580 3656 Fax: —

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream - Virginia
Project Location: Virginia
Project No.: 092720
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
Date Due: Standard
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Sampler's Name(s): Eric Holland, William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / Waste	Soil	Waste	Other	COD	D.O. Field	pH Field	Total Suspended Solids	Oil & Grease	Remarks
731	9/26	1115	N	2	X				X	X	X	X	X	
5942 Inf	9/26	1025	N	2	X							X	X	
3215 Inf	9/26	1020	N	2	X							X	X	
1127 Inf	9/26	0945	N	2	X							X	X	
5792 Inf	9/26	1015	N	2	X							X	X	
259 Inf	9/26	1010	N	2	X							X	X	
8516 Inf	9/26	0600	N	2	X							X	X	
623 Inf	9/26	1130	N	2	X							X	X	
142 Inf	9/26	1150	N	2	X							X	X	
8530 Inf	9/26	0615	N	2	X							X	X	

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Relinquished by:	Company:	Date	Time	Received by:	Company:
[signature]	GCT	9/27/20	13:40	[signature]	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: Clearstream
Contact: Jerry McKinney
Address: 4899 US Hwy 69S
Address: —
City/St/Zip: Lumberton, TX 77657
Email: Jerry@clearstreamsystems.com
Phone: (800) 586-3656 Fax: —

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream - Virginia
Project Location: Virginia
Project No.: 092720
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: standard

Sampler's Name(s): Eric Holland, William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: (Waste)	Soil	Waste	Other	BOD	pH	Total Suspended Solids	Remarks
8576 Inf	9/26	0835	N Y	FN			X				X		X	
5872 Inf	9/26	1030	N Y	FN			X				X		X	
8591 Inf	9/26	0930	N Y	FN			X				X		X	
5771 Inf	9/26	0740	N Y	2			X				X		X	
6582 Inf	9/26	1100	N Y	2			X				X		X	
6599 Inf	9/26	1125	N Y	2			X				X		X	
8411 Inf	9/26	0945	N Y	2			X				X		X	
8561 Inf	9/26	0915	N Y	2			X				X		X	
8549 Inf	9/26	0830	N Y	2			X				X		X	
145 Inf	9/26	1035	N Y	2			X				X		X	

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Relinquished by:	Company:	Date	Time	Received by:	Company:
Eric Holland	GCT	9/27/20	1340	Eric Holland	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: Clearstream
Contact: Jerry McKinney
Address: 4699 US Hwy 69S
Address: —
City/St/Zip: Lumberton, TX 77659
Email: Jmckinney@clearstreamsystems.com
Phone: (800) 586-3656 Fax: —

Project Information:

Project Manager: Eric Holland
Project Name: Clearstream - Vinging
Project Location: Vinging
Project No.: 092720
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
} *Rush Fees Will Apply*

Date Due: Standard

Sampler's Name(s): Eric Holland / William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: Waste	Water: Other	Soil	Waste	BOD	pH	Total Suspended Solids	Remarks
449 Stuf	9/26	0955	Y	2	X						X		X	
731 Stuf.	9/26	1115	Y	2	X						X		X	

5/5

Relinquished by: Eric Holland	Company: GCT	Date: 9/27/20	Time: 1340	Received by: Eric Holland	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: Clearstream
Contact: Jerry McKinney
Address: 4899 US Hwy 69 S
Address: —
City/St/Zip: Lumberton, TX 77657
Email: Jerry.o.clearstreamsystems.com
Phone: (800) 586-3656 Fax: —

Project Information:

Project Manager: William Daniel
Project Name: Clearstream - Virginia
Project Location: Virginia - Mod
Project No.: 121620
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
Date Due: Standard
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Sampler's Name(s): William Daniel, Eric Holland

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground (Waste)	Soil	Waste	Other	BOD	pH (Field)	Total Suspended Solids	D.O. (Field)	Remarks
8591	12/14/20	0915	Y	2	X				X	X	X	X	
5872	12/14/20	1000	Y	2	X				X	X	X	X	
8771	12/14/20	1020	Y	2	X				X	X	X	X	
8411	12/14/20	0926 (0945)	Y	2	X				X	X	X	X	
6599	12/14/20	0936	Y	2	X				X	X	X	X	
6882	12/14/20	1040	Y	2	X				X	X	X	X	
8576	12/14/20	094	Y	2	X				X	X	X	X	
142	12/14/20	1200	Y	2	X				X	X	X	X	
623	12/14/20	1145	Y	2	X				X	X	X	X	
8530	12/14/20	0925	Y	2	X				X	X	X	X	

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Relinquished by:	Company: GCT	Date: 12/14/20	Time: 1245	Received by:	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: clearstream
Contact: Jerry McKinney
Address: 4899 US Hwy 69S
Address: –
City/St/Zip: Lumberton, TX 77657
Email: jerry@clearstreamsystems.com
Phone: (800) 586-3656 Fax: –

Project Information...

Project Manager: William Daniel
Project Name: clearstream
Project Location: Virginia
Project No.: 121620
Purchase Order No.: –
Purchasing Contact: –
Purchasing Phone No.: –

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
☐ Rush 5 day
☐ Rush 3 day
☐ Rush 1 day
Rush Fees Will Apply

Date Due: Standard

Sampler's Name(s): William Daniel, Eric Holland

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking	Water: Ground	Water: Waste	Soil	Waste	Other	BaP	pH (Field)	Total Suspended Solids	D.O. (Field)	Remarks
259	12/14/20	1010	Y	2	X						X	X	X	X	
8516	12/14/20	0930	Y	2	X						X	X	X	X	
1127	12/14/20	1125	Y	2	X						X	X	X	X	
5842	12/14/20	1012	Y	2	X						X	X	X	X	
449	12/14/20	1110	Y	2	X						X	X	X	X	
5792	12/14/20	1013	Y	2	X						X	X	X	X	
3215	12/14/20	1020	Y	2	X						X	X	X	X	
731	12/14/20	1130	Y	2	X						X	X	X	X	
145	12/14/20	1030	Y	2	X						X	X	X	X	
8549	12/14/20	0930	Y	2	X						X	X	X	X	

2/3

Relinquished by:	Company:	Date	Time	Received by:	Company:
[signature]	GCT	12/14/20	12:45	[signature]	GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Mail Report to the following:

Company: Clearstream
Contact: Jerry McKinney
Address: 4899 US Hwy 69S
Address:
City/St/Zip: Lumberton, TX 77657
Email: Jerry.o.clearstreamsystems.com
Phone: (800) 586 3656 Fax: —

Project Information:

Project Manager: William
Project Name: Clearstream
Project Location: Virginia
Project No.: 121620
Purchase Order No.: —
Purchasing Contact: —
Purchasing Phone No.: —

Chain-of-Custody

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70810
Eric Holland, Lab Manager
225-397-0633
eric.holland@gctla.com

Hazards and Comments

Turnaround Time
☒ Normal (7-10 work days)
Date Due: Standard
☐ Rush 5 day ☐ Rush 3 day ☐ Rush 1 day } *Rush Fees Will Apply*

Sampler's Name(s): Eric Holland, William Daniel

If there are multiple choices for an item please circle one.

Sample Identification	Sampling Date	Sampling Time	Preservation	# of Containers	Water: Drinking / Ground / (Waste)	Soil	Waste	Other	BOD	pH (Field)	Total Suspended Solids	D.O. (Field)	Remarks
8561	12/4/20	0934	Y	2	X				X	X	X	X	

3/3

Relinquished by:	Company: GCT	Date 12/4/20	Time 12:45	Received by:	Company: GCT
Relinquished by:	Company:	Date	Time	Received by:	Company:
Relinquished by:	Company:	Date	Time	Received by:	Company:

NOTES: Samples will be discarded 30 days after invoicing unless notified in writing or high hazard.
All services provided will adhere to the gct Terms & Conditions.

Job No. _____

Appendix E

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	142
Date	2/4/2020
Time	1311
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Debbie Farmer
Address	142 Cardinal Lane
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.53
Influent Temperature, ^{0}C	17.5
Effluent pH, SU	7.53
Effluent Temperature, ^{0}C	17.4
Effluent Dissolved Oxygen, mg/L	4.59
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	145
Date	2/4/2020
Time	1710
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Hannah Goddard
Address	145 Paddy's Court
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	8.04
Influent Temperature, ^{0}C	16.4
Effluent pH, SU	7.88
Effluent Temperature, ^{0}C	16.2
Effluent Dissolved Oxygen, mg/L	1.23
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	259
Date	2/4/2020
Time	1620
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	William Walker
Address	259 Old Bar Neck Road
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	7.71
Influent Temperature, ^{0}C	15.2
Effluent pH, SU	7.69
Effluent Temperature, ^{0}C	15.1
Effluent Dissolved Oxygen, mg/L	2.15
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	449
Date	2/4/2020
Time	1540
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Nancy Smith
Address	449 Tabernacle Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.86
Influent Temperature, ^{0}C	17.2
Effluent pH, SU	7.77
Effluent Temperature, ^{0}C	17.2
Effluent Dissolved Oxygen, mg/L	0.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	623
Date	2/4/2020
Time	1255
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mike Carone
Address	623 Hicks Wharf Road
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.02
Influent Temperature, ^{0}C	19.3
Effluent pH, SU	6.76
Effluent Temperature, ^{0}C	19
Effluent Dissolved Oxygen, mg/L	2.64
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	731
Date	2/4/2020
Time	1508
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Todd Hudgins
Address	731 Peach Point Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.67
Influent Temperature, ^{0}C	17.9
Effluent pH, SU	8.08
Effluent Temperature, ^{0}C	17.8
Effluent Dissolved Oxygen, mg/L	3.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	1127
Date	2/4/2020
Time	1602
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jane Partin
Address	1127 Circle Drive
City	New Point
State	Virginia
Zip	23125
Influent pH, SU	7.26
Influent Temperature, ^{0}C	19.0
Effluent pH, SU	6.79
Effluent Temperature, ^{0}C	19.1
Effluent Dissolved Oxygen, mg/L	0.26
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	3215
Date	2/4/2020
Time	1650
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mickey Brown
Address	3215 Bethel Beach Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.25
Influent Temperature, ^{0}C	20.0
Effluent pH, SU	6.95
Effluent Temperature, ^{0}C	19.8
Effluent Dissolved Oxygen, mg/L	0.91
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5792
Date	2/4/2020
Time	1355
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Phillip McAllister
Address	5792 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.42
Influent Temperature, ^{0}C	17.2
Effluent pH, SU	7.40
Effluent Temperature, ^{0}C	17
Effluent Dissolved Oxygen, mg/L	1.24
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5842
Date	2/4/2020
Time	1346
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Tom McAllister
Address	5842 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.78
Influent Temperature, ^{0}C	17.7
Effluent pH, SU	6.95
Effluent Temperature, ^{0}C	17.6
Effluent Dissolved Oxygen, mg/L	5.28
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5872
Date	2/4/2020
Time	1340
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Bryser
Address	5872 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.05
Influent Temperature, ^{0}C	17.6
Effluent pH, SU	6.54
Effluent Temperature, ^{0}C	17.5
Effluent Dissolved Oxygen, mg/L	5.21
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6599
Date	2/4/2020
Time	1345
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Sharnell Thornton
Address	6599 Hickory Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.45
Influent Temperature, ^{0}C	17.6
Effluent pH, SU	7.53
Effluent Temperature, ^{0}C	17.4
Effluent Dissolved Oxygen, mg/L	6.16
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6882
Date	2/4/2020
Time	1410
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Carlene Verser
Address	3882 Bellamy Lane
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.25
Influent Temperature, ^{0}C	19.1
Effluent pH, SU	7.21
Effluent Temperature, ^{0}C	19.1
Effluent Dissolved Oxygen, mg/L	1.61
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8411
Date	2/4/2020
Time	1310
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Barrett
Address	8411 Patrick Henry Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.16
Influent Temperature, ^{0}C	17.1
Effluent pH, SU	7.14
Effluent Temperature, ^{0}C	17.00
Effluent Dissolved Oxygen, mg/L	0.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8516
Date	2/5/2020
Time	1207
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Daniella Carson & Frank Smith
Address	8516 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.5
Influent Temperature, ^{0}C	15.6
Effluent pH, SU	7.47
Effluent Temperature, ^{0}C	15
Effluent Dissolved Oxygen, mg/L	2.26
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8530
Date	2/5/2020
Time	1200
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jason & Crystal Burton
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.44
Influent Temperature, ^{0}C	20.3
Effluent pH, SU	7.45
Effluent Temperature, ^{0}C	20.2
Effluent Dissolved Oxygen, mg/L	5.16
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8549
Date	2/5/2020
Time	1215
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Kemp & Sonia Williams
Address	8549 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.42
Influent Temperature, ^{0}C	20.7
Effluent pH, SU	7.36
Effluent Temperature, ^{0}C	20.7
Effluent Dissolved Oxygen, mg/L	4.43
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8561
Date	2/4/2020
Time	1325
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Stephen & Cynthia Shearin
Address	8561 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.26
Influent Temperature, ^{0}C	17.2
Effluent pH, SU	7.01
Effluent Temperature, ^{0}C	17.00
Effluent Dissolved Oxygen, mg/L	6.05
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8576
Date	2/5/2020
Time	1205
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Coakley Lewis
Address	8576 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	6.88
Influent Temperature, ^{0}C	17.9
Effluent pH, SU	7.12
Effluent Temperature, ^{0}C	17.6
Effluent Dissolved Oxygen, mg/L	2.34
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8591
Date	2/5/2020
Time	1209
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Marilyn Knight
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.68
Influent Temperature, ^{0}C	21.4
Effluent pH, SU	7.58
Effluent Temperature, ^{0}C	21.3
Effluent Dissolved Oxygen, mg/L	4.12
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8771
Date	2/5/2020
Time	1210
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Charles Hartman
Address	8771 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	8.01
Influent Temperature, ^{0}C	19.0
Effluent pH, SU	7.92
Effluent Temperature, ^{0}C	18.9
Effluent Dissolved Oxygen, mg/L	5.16
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	142
Date	6/23/2020
Time	1235
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Debbie Farmer
Address	142 Cardinal Lane
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.68
Influent Temperature, ^{0}C	25.0
Effluent pH, SU	7.66
Effluent Temperature, ^{0}C	24.8
Effluent Dissolved Oxygen, mg/L	4.25
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	145
Date	6/23/2020
Time	1420
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Hannah Goddard
Address	145 Paddy's Court
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	7.12
Influent Temperature, ^{0}C	25.3
Effluent pH, SU	7.10
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	4.25
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	259
Date	6/23/2020
Time	1305
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	William Walker
Address	259 Old Bar Neck Road
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	7.25
Influent Temperature, ^{0}C	25.8
Effluent pH, SU	7.05
Effluent Temperature, ^{0}C	25.6
Effluent Dissolved Oxygen, mg/L	3.16
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	449
Date	6/23/2020
Time	1345
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Nancy Smith
Address	449 Tabernacle Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.24
Influent Temperature, ^{0}C	25.2
Effluent pH, SU	7.26
Effluent Temperature, ^{0}C	25.1
Effluent Dissolved Oxygen, mg/L	3.85
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	623
Date	6/23/2020
Time	1215
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mike Carone
Address	623 Hicks Wharf Road
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.58
Influent Temperature, ^{0}C	25.2
Effluent pH, SU	7.55
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	4.18
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	731
Date	6/23/2020
Time	1239
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Todd Hudgins
Address	731 Peach Point Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.38
Influent Temperature, ^{0}C	25.5
Effluent pH, SU	7.36
Effluent Temperature, ^{0}C	25.4
Effluent Dissolved Oxygen, mg/L	3.52
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	1127
Date	6/23/2020
Time	1225
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jane Partin
Address	1127 Circle Drive
City	New Point
State	Virginia
Zip	23125
Influent pH, SU	7.2
Influent Temperature, ^{0}C	24.7
Effluent pH, SU	7.24
Effluent Temperature, ^{0}C	24.8
Effluent Dissolved Oxygen, mg/L	4.08
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	3215
Date	6/23/2020
Time	1248
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mickey Brown
Address	3215 Bethel Beach Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.42
Influent Temperature, ^{0}C	25.1
Effluent pH, SU	7.26
Effluent Temperature, ^{0}C	24.9
Effluent Dissolved Oxygen, mg/L	4.10
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5792
Date	6/23/2020
Time	1320
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Phillip McAllister
Address	5792 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	6.9
Influent Temperature, ^{0}C	25.5
Effluent pH, SU	6.92
Effluent Temperature, ^{0}C	25.4
Effluent Dissolved Oxygen, mg/L	4.05
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5842
Date	6/23/2020
Time	1330
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Tom McAllister
Address	5842 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.48
Influent Temperature, ^{0}C	25.6
Effluent pH, SU	7.45
Effluent Temperature, ^{0}C	25.4
Effluent Dissolved Oxygen, mg/L	4.25
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5872
Date	6/23/2020
Time	1340
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Bryser
Address	5872 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.66
Influent Temperature, ^{0}C	25.5
Effluent pH, SU	7.62
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	7.14
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6599
Date	6/23/2020
Time	1421
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Sharnell Thornton
Address	6599 Hickory Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.05
Influent Temperature, ^{0}C	25.5
Effluent pH, SU	6.85
Effluent Temperature, ^{0}C	25.4
Effluent Dissolved Oxygen, mg/L	4.26
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6882
Date	6/23/2020
Time	1352
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Carlene Verser
Address	3882 Bellamy Lane
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.91
Influent Temperature, ^{0}C	24.6
Effluent pH, SU	7.80
Effluent Temperature, ^{0}C	24.4
Effluent Dissolved Oxygen, mg/L	5.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8411
Date	6/23/2020
Time	1346
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Barrett
Address	8411 Patrick Henry Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.45
Influent Temperature, ^{0}C	25.0
Effluent pH, SU	7.40
Effluent Temperature, ^{0}C	24.80
Effluent Dissolved Oxygen, mg/L	6.87
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8516
Date	6/24/2020
Time	918
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Daniella Carson & Frank Smith
Address	8516 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.1
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	6.86
Effluent Temperature, ^{0}C	26.1
Effluent Dissolved Oxygen, mg/L	3.24
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8530
Date	6/24/2020
Time	915
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jason & Crystal Burton
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.1
Influent Temperature, ^{0}C	24.8
Effluent pH, SU	7.09
Effluent Temperature, ^{0}C	24.6
Effluent Dissolved Oxygen, mg/L	3.80
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8549
Date	6/23/2020
Time	1233
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Kemp & Sonia Williams
Address	8549 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.02
Influent Temperature, ^{0}C	25.6
Effluent pH, SU	6.88
Effluent Temperature, ^{0}C	25.6
Effluent Dissolved Oxygen, mg/L	4.96
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8561
Date	6/23/2020
Time	1328
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Stephen & Cynthia Shearin
Address	8561 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.62
Influent Temperature, ^{0}C	26.3
Effluent pH, SU	7.60
Effluent Temperature, ^{0}C	26.20
Effluent Dissolved Oxygen, mg/L	5.16
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8576
Date	6/24/2020
Time	922
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Coakley Lewis
Address	8576 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.7
Influent Temperature, ^{0}C	25.1
Effluent pH, SU	7.71
Effluent Temperature, ^{0}C	25
Effluent Dissolved Oxygen, mg/L	7.08
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8591
Date	6/24/2020
Time	900
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Marilyn Knight
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.41
Influent Temperature, ^{0}C	25.0
Effluent pH, SU	7.39
Effluent Temperature, ^{0}C	24.9
Effluent Dissolved Oxygen, mg/L	4.96
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8771
Date	6/24/2020
Time	910
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Charles Hartman
Address	8771 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.5
Influent Temperature, ^{0}C	24.9
Effluent pH, SU	7.50
Effluent Temperature, ^{0}C	24.7
Effluent Dissolved Oxygen, mg/L	6.20
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	142
Date	9/26/2020
Time	1150
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Debbie Farmer
Address	142 Cardinal Lane
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.32
Influent Temperature, ^{0}C	25.5
Effluent pH, SU	7.26
Effluent Temperature, ^{0}C	25.4
Effluent Dissolved Oxygen, mg/L	2.34
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	145
Date	9/26/2020
Time	1035
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Hannah Goddard
Address	145 Paddy's Court
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	7.32
Influent Temperature, ^{0}C	26.3
Effluent pH, SU	7.46
Effluent Temperature, ^{0}C	26.2
Effluent Dissolved Oxygen, mg/L	3.58
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	259
Date	9/26/2020
Time	1010
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	William Walker
Address	259 Old Bar Neck Road
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	7.1
Influent Temperature, ^{0}C	25.7
Effluent pH, SU	6.72
Effluent Temperature, ^{0}C	25.5
Effluent Dissolved Oxygen, mg/L	2.66
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	449
Date	9/26/2020
Time	1055
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Nancy Smith
Address	449 Tabernacle Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.49
Influent Temperature, ^{0}C	29.9
Effluent pH, SU	7.45
Effluent Temperature, ^{0}C	25.8
Effluent Dissolved Oxygen, mg/L	3.62
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	623
Date	9/26/2020
Time	1130
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mike Carone
Address	623 Hicks Wharf Road
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	7.6
Influent Temperature, ^{0}C	25.4
Effluent pH, SU	7.56
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	1.69
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	731
Date	9/26/2020
Time	1115
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Todd Hudgins
Address	731 Peach Point Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.56
Influent Temperature, ^{0}C	26.3
Effluent pH, SU	7.24
Effluent Temperature, ^{0}C	26.4
Effluent Dissolved Oxygen, mg/L	4.66
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	1127
Date	9/26/2020
Time	945
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jane Partin
Address	1127 Circle Drive
City	New Point
State	Virginia
Zip	23125
Influent pH, SU	6.8
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	6.66
Effluent Temperature, ^{0}C	26
Effluent Dissolved Oxygen, mg/L	3.01
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	3215
Date	9/26/2020
Time	1020
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mickey Brown
Address	3215 Bethel Beach Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	7.26
Influent Temperature, ^{0}C	26.1
Effluent pH, SU	7.18
Effluent Temperature, ^{0}C	26.1
Effluent Dissolved Oxygen, mg/L	3.15
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5792
Date	9/26/2020
Time	1015
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Phillip McAllister
Address	5792 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.26
Influent Temperature, ^{0}C	26.0
Effluent pH, SU	6.82
Effluent Temperature, ^{0}C	25.9
Effluent Dissolved Oxygen, mg/L	2.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5842
Date	9/26/2020
Time	1025
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Tom McAllister
Address	5842 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.76
Influent Temperature, ^{0}C	26.5
Effluent pH, SU	7.44
Effluent Temperature, ^{0}C	26.5
Effluent Dissolved Oxygen, mg/L	2.58
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5872
Date	9/26/2020
Time	1030
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Bryser
Address	5872 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.1
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	6.89
Effluent Temperature, ^{0}C	26.1
Effluent Dissolved Oxygen, mg/L	4.15
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6599
Date	9/26/2020
Time	1125
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Sharnell Thornton
Address	6599 Hickory Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	6.9
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	6.91
Effluent Temperature, ^{0}C	26.1
Effluent Dissolved Oxygen, mg/L	4.58
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6882
Date	9/26/2020
Time	1100
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Carlene Verser
Address	3882 Bellamy Lane
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	6.9
Influent Temperature, ^{0}C	26.1
Effluent pH, SU	6.88
Effluent Temperature, ^{0}C	26
Effluent Dissolved Oxygen, mg/L	3.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8411
Date	9/26/2020
Time	945
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Barrett
Address	8411 Patrick Henry Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	6.9
Influent Temperature, ^{0}C	25.8
Effluent pH, SU	6.94
Effluent Temperature, ^{0}C	25.80
Effluent Dissolved Oxygen, mg/L	3.42
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8516
Date	9/26/2020
Time	820
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Daniella Carson & Frank Smith
Address	8516 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.58
Influent Temperature, ^{0}C	26.7
Effluent pH, SU	7.48
Effluent Temperature, ^{0}C	26.8
Effluent Dissolved Oxygen, mg/L	2.42
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8530
Date	9/26/2020
Time	815
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jason & Crystal Burton
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.4
Influent Temperature, ^{0}C	26.0
Effluent pH, SU	7.34
Effluent Temperature, ^{0}C	25.9
Effluent Dissolved Oxygen, mg/L	1.38
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8549
Date	9/26/2020
Time	830
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Kemp & Sonia Williams
Address	8549 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.36
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	7.34
Effluent Temperature, ^{0}C	26.1
Effluent Dissolved Oxygen, mg/L	2.24
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8561
Date	9/26/2020
Time	915
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Stephen & Cynthia Shearin
Address	8561 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.16
Influent Temperature, ^{0}C	26.0
Effluent pH, SU	7.12
Effluent Temperature, ^{0}C	25.90
Effluent Dissolved Oxygen, mg/L	2.67
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8576
Date	9/26/2020
Time	835
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Coakley Lewis
Address	8576 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.12
Influent Temperature, ^{0}C	26.1
Effluent pH, SU	6.91
Effluent Temperature, ^{0}C	25.9
Effluent Dissolved Oxygen, mg/L	2.98
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8591
Date	9/26/2020
Time	930
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Marilyn Knight
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.3
Influent Temperature, ^{0}C	26.3
Effluent pH, SU	7.26
Effluent Temperature, ^{0}C	26.2
Effluent Dissolved Oxygen, mg/L	2.68
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8771
Date	9/26/2020
Time	740
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Charles Hartman
Address	8771 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	7.18
Influent Temperature, ^{0}C	26.2
Effluent pH, SU	7.14
Effluent Temperature, ^{0}C	26
Effluent Dissolved Oxygen, mg/L	2.15
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	142
Date	12/13/2020
Time	1200
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Debbie Farmer
Address	142 Cardinal Lane
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.12
Effluent Temperature, ^{0}C	24.6
Effluent Dissolved Oxygen, mg/L	2.05
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	145
Date	12/13/2020
Time	1030
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Hannah Goddard
Address	145 Paddy's Court
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.25
Effluent Temperature, ^{0}C	24.1
Effluent Dissolved Oxygen, mg/L	3.14
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	259
Date	12/13/2020
Time	1010
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	William Walker
Address	259 Old Bar Neck Road
City	Port Haywood
State	Virginia
Zip	23138
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.91
Effluent Temperature, ^{0}C	24.1
Effluent Dissolved Oxygen, mg/L	1.64
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	449
Date	12/13/2020
Time	1110
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Nancy Smith
Address	449 Tabernacle Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.93
Effluent Temperature, ^{0}C	24.6
Effluent Dissolved Oxygen, mg/L	2.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	623
Date	12/13/2020
Time	1145
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mike Carone
Address	623 Hicks Wharf Road
City	Cardinal
State	Virginia
Zip	23025
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.93
Effluent Temperature, ^{0}C	24.5
Effluent Dissolved Oxygen, mg/L	1.44
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	731
Date	12/13/2020
Time	1130
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Todd Hudgins
Address	731 Peach Point Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.87
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	2.05
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	1127
Date	12/13/2020
Time	1127
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jane Partin
Address	1127 Circle Drive
City	New Point
State	Virginia
Zip	23125
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.92
Effluent Temperature, ^{0}C	24.6
Effluent Dissolved Oxygen, mg/L	2.42
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	3215
Date	12/13/2020
Time	1020
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Mickey Brown
Address	3215 Bethel Beach Road
City	Mathews
State	Virginia
Zip	23109
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.11
Effluent Temperature, ^{0}C	24.8
Effluent Dissolved Oxygen, mg/L	1.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5792
Date	12/13/2020
Time	1013
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Phillip McAllister
Address	5792 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.22
Effluent Temperature, ^{0}C	24.3
Effluent Dissolved Oxygen, mg/L	2.05
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5842
Date	12/13/2020
Time	1012
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Tom McAllister
Address	5842 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.15
Effluent Temperature, ^{0}C	25
Effluent Dissolved Oxygen, mg/L	2.44
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	5872
Date	12/13/2020
Time	1000
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Bryser
Address	5872 Fletcher Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.05
Effluent Temperature, ^{0}C	24.7
Effluent Dissolved Oxygen, mg/L	3.08
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6599
Date	12/13/2020
Time	936
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Sharnell Thornton
Address	6599 Hickory Road
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.76
Effluent Temperature, ^{0}C	24.3
Effluent Dissolved Oxygen, mg/L	1.77
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	6882
Date	12/13/2020
Time	1040
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Carlene Verser
Address	3882 Bellamy Lane
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.84
Effluent Temperature, ^{0}C	24.5
Effluent Dissolved Oxygen, mg/L	2.38
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8411
Date	12/13/2020
Time	915
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Michael Barrett
Address	8411 Patrick Henry Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	6.88
Effluent Temperature, ^{0}C	24.90
Effluent Dissolved Oxygen, mg/L	3.28
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8516
Date	12/13/2020
Time	930
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Daniella Carson & Frank Smith
Address	8516 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.14
Effluent Temperature, ^{0}C	24.4
Effluent Dissolved Oxygen, mg/L	1.84
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8530
Date	12/13/2020
Time	925
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Jason & Crystal Burton
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.24
Effluent Temperature, ^{0}C	24.8
Effluent Dissolved Oxygen, mg/L	2.88
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8549
Date	12/13/2020
Time	930
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Kemp & Sonia Williams
Address	8549 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.13
Effluent Temperature, ^{0}C	24.7
Effluent Dissolved Oxygen, mg/L	2.66
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8561
Date	12/13/2020
Time	938
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Stephen & Cynthia Shearin
Address	8561 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.05
Effluent Temperature, ^{0}C	25.10
Effluent Dissolved Oxygen, mg/L	2.54
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8576
Date	12/13/2020
Time	940
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Coakley Lewis
Address	8576 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.11
Effluent Temperature, ^{0}C	25.2
Effluent Dissolved Oxygen, mg/L	2.49
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8591
Date	12/13/2020
Time	915
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Marilyn Knight
Address	8530 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.06
Effluent Temperature, ^{0}C	24.8
Effluent Dissolved Oxygen, mg/L	3.15
Sampling Personnel	Eric Holland and William Daniel

Field Sampling Form

Project Name	Clearstream Sampling Project
Sample ID	8771
Date	12/13/2020
Time	1020
pH Meter Calibrated	Yes
DO Meter Calibrated	Yes
Name	Charles Hartman
Address	8771 Thomas Jefferson Way
City	Gloucester
State	Virginia
Zip	23061
Influent pH, SU	-
Influent Temperature, ^{0}C	-
Effluent pH, SU	7.01
Effluent Temperature, ^{0}C	24.6
Effluent Dissolved Oxygen, mg/L	2.64
Sampling Personnel	Eric Holland and William Daniel

Appendix F

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
(225) 397-0633

Certificate of Analyses
LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 020620

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 5872	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062027	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	418	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	6	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	280	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 5842	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062019	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	408	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	370	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8591	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062035	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	280	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	310	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 5792	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062020	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	308	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	10	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	280	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 6882	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062033	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	300	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	6	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	280	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 731	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062028	**Matrix:**	Water
BOD EFF	7	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	4	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	502	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	7	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	350	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 6599	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062029	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	526	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	420	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 1127	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062034	**Matrix:**	Water
BOD EFF	11	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	7	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	234	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	9	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	240	mg/L		2/07/20 7:45PM	EH	2540D

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Certificate of Analyses
LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 020620

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 145	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062024	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	550	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	10	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	390	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 3215	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062022	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	266	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	190	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8771	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062036	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	340	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	7	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	220	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8561	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062023	**Matrix:**	Water
BOD EFF	9	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	388	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	10	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	300	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8549	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062037	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	4	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	378	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	6	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	270	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 142	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062030	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	288	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	190	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 259	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062026	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	344	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	6	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	240	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 623	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062032	**Matrix:**	Water
BOD EFF	10	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	6	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	410	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	10	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	330	mg/L		2/07/20 7:45PM	EH	2540D

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Date Reported 2/12/2021 GCT Work Order/Project Number 020620

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 449	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062025	**Matrix:**	Water
BOD EFF	9	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	4	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	324	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	360	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8516	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062038	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	428	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	5	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	210	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8576	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062039	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	5	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	305	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	210	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8530	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062040	**Matrix:**	Water
BOD EFF	12	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	7	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	204	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	9	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	180	mg/L		2/07/20 7:45PM	EH	2540D
Client ID: 8411	**Date & Time Received:**	2/6/20 3:15 PM		**Lab ID:** 02062018	**Matrix:**	Water
BOD EFF	8	mg/L		2/11/20 3:15PM	EH	5210B
CBOD EFF	4	mg/L		2/11/20 3:15PM	EH	5210B
BOD INF	482	mg/L		2/11/20 3:15PM	EH	5210B
TSS EFF	8	mg/L		2/07/20 7:45PM	EH	2540D
TSS INF	410	mg/L		2/07/20 7:45PM	EH	2540D

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 020620
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID B6UV	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD EFF	5	0.13	5	3.1	2	0.0	30.5	
Sample ID 8411	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD EFF	8	0.13	8	1.4	3	0.0	30.5	
Sample ID 449	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD EFF	9	0.12	9	3.9	6	0.0	30.5	
Sample ID 8530	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD EFF	12	0.14	13	3.4	1	0.0	30.5	
Sample ID 731	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
CBOD EFF	4	0.13	4	0.7	2	0.0	30.5	
Sample ID 3215	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
CBOD EFF	6	0.09	6	4.0	2	0.0	30.5	
Sample ID 6882	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
CBOD EFF	5	0.12	5	2.3	4	0.0	30.5	
Sample ID 5782	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
CBOD EFF	5	0.09	5	2.4	2.8	0.0	30.5	
Sample ID 449	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD INF	324	0.12	354	9.2	6	0.0	30.5	
Sample ID 8411	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD INF	482	0.13	494	2.7	3	0.0	30.5	
Sample ID 8516	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/11/20 3:15 PM		
BOD INF	428	0.13	494	8.3	2	0.0	30.5	

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 020620
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 8530	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS EFF	9	0.00	8	11.8	54	50	61	
Sample ID 8591	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS EFF	8	0.00	8	0.0	54	50	61	
Sample ID 731	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS EFF	7	0.00	6	15.4	54	50	61	
Sample ID 8771	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS INF	220	0.00	218	1.1	52	50	61	
Sample ID 8411	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS INF	410	0.00	405	1.2	56	50	61	
Sample ID 1127	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	2/7/20 7:45 PM		
TSS INF	240	0.00	245	2.1	56	50	61	

BOD-02	The sample dilutions set up for the BOD analysis did not meet the criterion of a residual dissolved oxygen of at least 1 mg/l, therefore the reported result is an estimated value only.
BOD-03	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, therefore the reported result is an estimated value only.
BOD-04	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, due to matrix interferences.
A	Analyte Detected in the associated Method Blank
D	The reported value is from a dilution.
H	Holding Time Exceeded

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LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 062420

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 8561	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 06242010	**Matrix:**	Water
BOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	7	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	280	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	190	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 145	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231813	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	408	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	370	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8530	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231807	**Matrix:**	Water
BOD EFF	7	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	210	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	120	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8576	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231816	**Matrix:**	Water
BOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	305	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	5	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	280	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8516	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231805	**Matrix:**	Water
BOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	228	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	170	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 142	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231815	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	288	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	160	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 1127	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231818	**Matrix:**	Water
BOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	230	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	130	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8771	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231817	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	257	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	5	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	180	mg/L		6/27/20 12:25PM	EH	2540D

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Date Reported 2/12/2021 GCT Work Order/Project Number 062420

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 5872	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231812	**Matrix:**	Water
BOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	5	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	300	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	4	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	310	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 5842	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231809	**Matrix:**	Water
BOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	7	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	308	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	380	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8411	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231812	**Matrix:**	Water
BOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	6	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	300	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	180	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 6599	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231811	**Matrix:**	Water
BOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	316	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	190	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 731	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231812	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	302	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	10	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	210	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 623	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231812	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	228	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	240	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 449	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231812	**Matrix:**	Water
BOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	5	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	328	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	7	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	260	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 3215	**Date & Time Received:**	6/24/20 11:45 PM	**Lab ID:**	05231810	**Matrix:**	Water
BOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	5	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	260	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	240	mg/L		6/27/20 12:25PM	EH	2540D

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Date Reported 2/12/2021 GCT Work Order/Project Number 062420

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 5792	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231813	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	7	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	300	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	7	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	220	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8549	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231807	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	342	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	8	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	230	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 8591	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231816	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	216	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	6	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	120	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 259	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231805	**Matrix:**	Water
BOD EFF	10	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	8	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	302	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	9	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	230	mg/L		6/27/20 12:25PM	EH	2540D
Client ID: 6882	**Date & Time Received:**	6/24/20 11:45 PM		**Lab ID:** 05231815	**Matrix:**	Water
BOD EFF	9	mg/L		6/30/20 1:00PM	EH	5210B
CBOD EFF	7	mg/L		6/30/20 1:00PM	EH	5210B
BOD INF	280	mg/L		6/30/20 1:00PM	EH	5210B
TSS EFF	4	mg/L		6/27/20 12:25PM	EH	2540D
TSS INF	200	mg/L		6/27/20 12:25PM	EH	2540D

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14378 Park Avenue
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(225) 397-0633

QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 062420
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 145	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
BOD INF	424	0.10	386	9.0	4	0.0	30.5	
Sample ID 623	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
CBOD EFF	9	0.12	9	2.9	2.5	0.0	30.5	
Sample ID 3215	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
BOD EFF	8	0.13	8	1.8	2.5	0.0	30.5	
Sample ID 5872	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
BOD INF	300	0.11	311	3.9	3.5	0.0	30.5	
Sample ID 8411	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
BOD EFF	8	0.14	9	8.0	2.8	0.0	30.5	
Sample ID 8549	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
CBOD EFF	9	0.14	9	5.7	2.8	0.0	30.5	
Sample ID 8591	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/30/20 1:00 PM		
CBOD EFF	216	0.11	235	8.7	3.5	0.0	30.5	
Sample ID 8576	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/27/20 12:25 PM		
TSS EFF	5	0.00	6	18.2	88	81	99	
Sample ID 731	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/27/20 12:25 PM		
TSS EFF	10	0.00	9	10.5	86	81	99	

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 062420
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 3215	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	6/27/20 12:25 PM		
TSS INF	240	0.00	250	4.1	88	81	99	

BOD-02	The sample dilutions set up for the BOD analysis did not meet the criterion of a residual dissolved oxygen of at least 1 mg/l, therefore the reported result is an estimated value only.
BOD-03	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, therefore the reported result is an estimated value only.
BOD-04	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, due to matrix interferences.
A	Analyte Detected in the associated Method Blank
D	The reported value is from a dilution.
H	Holding Time Exceeded

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Certificate of Analyses
LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 092720

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 145	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272022	**Matrix:**	Water
BOD EFF	9	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	288	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	6	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	140	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 1127	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272004	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	250	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	9	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	180	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 142	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272009	**Matrix:**	Water
BOD EFF	7	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	230	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	6	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	240	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 623	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272008	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	240	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	260	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 731	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272024	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	305	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	230	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 5872	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272013	**Matrix:**	Water
BOD EFF	9	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	328	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	9	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	280	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 259	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272006	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	302	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	10	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	210	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 5842	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272002	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	318	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	7	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	210	mg/L		9/29/20 1:20PM	EH	2540D

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LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 092720

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 8411	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272018	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	282	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		5/26/18 1:00PM	EH	2540D
TSS INF	260	mg/L		5/26/18 1:00PM	EH	2540D
Client ID: 6599	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272017	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	326	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	7	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	290	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8576	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272012	**Matrix:**	Water
BOD EFF	9	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	340	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	9	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	320	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 449	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272023	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	204	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	7	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	150	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 6882	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272016	**Matrix:**	Water
BOD EFF	6	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	280	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	200	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8771	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272015	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	340	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	10	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	230	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 3215	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272003	**Matrix:**	Water
BOD EFF	9	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	378	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	190	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8561	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272019	**Matrix:**	Water
BOD EFF	9	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	6	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	288	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	7	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	240	mg/L		9/29/20 1:20PM	EH	2540D

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LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 092720

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 8516	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272007	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	6	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	208	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	10	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	220	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8549	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272020	**Matrix:**	Water
BOD EFF	7	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	5	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	210	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	6	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	110	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 5792	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272005	**Matrix:**	Water
BOD EFF	8	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	324	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	8	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	160	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8530	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272010	**Matrix:**	Water
BOD EFF	6	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	4	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	310	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	5	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	300	mg/L		9/29/20 1:20PM	EH	2540D
Client ID: 8591	**Date & Time Received:**	9/27/20 1:40 PM		**Lab ID:** 09272014	**Matrix:**	Water
BOD EFF	10	mg/L		10/02/20 3:00PM	EH	5210B
CBOD EFF	6	mg/L		10/02/20 3:00PM	EH	5210B
BOD INF	226	mg/L		10/02/20 3:00PM	EH	5210B
TSS EFF	10	mg/L		9/29/20 1:20PM	EH	2540D
TSS INF	110	mg/L		9/29/20 1:20PM	EH	2540D

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 092720
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 8530	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
BOD INF	310	0.08	324	4.3	2.5	0.0	30.5	
Sample ID 142	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
BOD EFF	7	0.13	7	1.0	2.8	0.0	30.5	
Sample ID 8771	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
CBOD EFF	5	0.06	5	3.9	0.3	0.0	30.5	
Sample ID 449	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
BOD INF	204	0.11	222	9.1	4	0.0	30.5	
Sample ID 3215	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
BOD EFF	9	0.11	8	3.9	2	0.0	30.5	
Sample ID 8576	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
CBOD EFF	5	0.12	5	5.1	5.5	0.0	30.5	
Sample ID 8549	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	10/2/20 3:00 PM		
BOD INF	210	0.13	227	8.2	0.3	0.0	30.5	
Sample ID 5842	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	9/29/20 1:20 PM		
TSS EFF	7	0.00	6	15.4	90	84	103	
Sample ID 731	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	9/29/20 1:20 PM		
TSS EFF	8	0.00	8	0.0	92	84	103	

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 092720
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 8411	**Sample Type**	LCS	**Units**	mg/L	**Analysis Date**	9/29/20 1:20 PM		
TSS INF	260	0.00	240	8.0	88	84	103	

BOD-02	The sample dilutions set up for the BOD analysis did not meet the criterion of a residual dissolved oxygen of at least 1 mg/l, therefore the reported result is an estimated value only.
BOD-03	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, therefore the reported result is an estimated value only.
BOD-04	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, due to matrix interferences.
A	Analyte Detected in the associated Method Blank
D	The reported value is from a dilution.
H	Holding Time Exceeded

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Certificate of Analyses
LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 121620

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 142	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162017	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	4	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8576	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162016	**Matrix:**	Water
BOD EFF	10	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	10	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 145	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162029	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	5	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 259	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162020	**Matrix:**	Water
BOD EFF	8	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	6	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 5872	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162010	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	10	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 3215	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162027	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	5	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 5792	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162026	**Matrix:**	Water
BOD EFF	8	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	8	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 6882	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162015	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	4	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8411	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162013	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	5	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 731	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162028	**Matrix:**	Water
BOD EFF	9	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	10	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 5842	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162024	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	5	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8771	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162012	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	8	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 623	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162018	**Matrix:**	Water
BOD EFF	7	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	10	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 449	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162025	**Matrix:**	Water
BOD EFF	4	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	7	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8549	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162030	**Matrix:**	Water
BOD EFF	8	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	9	mg/L		12/18/20 11:15PM	EH	2540D

Gulf Coast Testing, LLC
14378 Park Avenue
Prairieville, LA 70769
(225) 397-0633

Certificate of Analyses
LDLAP Lab ID:05055

Date Reported 2/12/2021 GCT Work Order/Project Number 121620

Client Clearstream Wastewater Systems, Inc.

Parameter	Analytical Result	Units	Qualifier	Date & Time Analyzed	Analyst	Method Number
Client ID: 8530	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162019	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	8	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8516	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162022	**Matrix:**	Water
BOD EFF	7	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	6	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8591	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162009	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	10	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 8561	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162032	**Matrix:**	Water
BOD EFF	6	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	6	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 6599	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162014	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	6	mg/L		12/18/20 11:15PM	EH	2540D
Client ID: 1127	**Date & Time Received:**	12/16/20 3:30 PM		**Lab ID:** 12162023	**Matrix:**	Water
BOD EFF	5	mg/L		12/21/20 4:30PM	EH	5210B
TSS EFF	4	mg/L		12/18/20 11:15PM	EH	2540D

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QC Summary Report

Date: 2/12/2021
Client: Clearstream Wastewater Systems, Inc.
Work Order: 121620
Project: NPDES Analysis

Analyte	Result	Blank	Duplicate	Precision	LCS	LCS Upper	LCS Lower	Qualifiers
Sample ID 8530	**Sample Type** LCS	**Units** mg/L			**Analysis Date** 12/21/20 4:30 PM			H Holding time exceeded by 6.5 hours due to shipping delay. Temperature requirements were still met.
BOD EFF	5	0.09	5	1.4	0.5	0.0	30.5	
Sample ID 259	**Sample Type** LCS	**Units** mg/L			**Analysis Date** 12/21/20 4:30 PM			H Holding time exceeded by 6.5 hours due to shipping delay. Temperature requirements were still met.
BOD EFF	8	0.09	8	2.5	1.5	0.0	30.5	
Sample ID 8411	**Sample Type** LCS	**Units** mg/L			**Analysis Date** 12/21/20 4:30 PM			H Holding time exceeded by 6.5 hours due to shipping delay. Temperature requirements were still met.
BOD EFF	5	0.12	5	6.3	2	0.0	30.5	
Sample ID 142	**Sample Type** LCS	**Units** mg/L			**Analysis Date** 12/18/20 4:00 PM			
TSS EFF	5	0.00	4	22.2	92	84	103	
Sample ID 8561	**Sample Type** LCS	**Units** mg/L			**Analysis Date** 12/18/20 4:00 PM			
TSS INF	7	0.00	6	15.4	92	84	103	

BOD-02	The sample dilutions set up for the BOD analysis did not meet the criterion of a residual dissolved oxygen of at least 1 mg/l, therefore the reported result is an estimated value only.
BOD-03	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, therefore the reported result is an estimated value only.
BOD-04	The sample dilutions set-up for the BOD analysis did not meet the final DO reading with a value of equal or greater than 1 mg/l, due to matrix interferences.
A	Analyte Detected in the associated Method Blank
D	The reported value is from a dilution.
H	Holding Time Exceeded