



# San Jacinto River Authority

Lake Conroe Division  
P.O. Box 329 • Conroe, Texas 77305  
(T) 936.588.1111 • (F) 936.588.1114

## SJRA USE ONLY

License No: \_\_\_\_\_

Date Received: \_\_\_\_\_

TB Acct #: \_\_\_\_\_

## Homeowner Reporting and Testing Record

This testing and reporting shall be completed, signed and dated after each maintenance check and test. One copy shall be retained by the homeowner performing the maintenance and a copy shall be sent within fourteen (14) calendar days to the San Jacinto River Authority. Required frequency of Maintenance check and test is every four (4) months.

Licensed Provider: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

<u>Inspected Item</u>	<u>Operational</u>	<u>Inoperative</u>	<u>N/A</u>
<u>Aerators</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Air Filters</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Micron Filters</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Irrigation Pump</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Disinfection Device</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Chlorine Supply</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Electrical Circuits and Alarms</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Distribution System (Spray/Drip)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sprayfield Vegetation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Other as Noted</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Repairs to system (list all components replaced and actions taken):

Test Required and results:

<u>Tests</u>	<u>Results</u>
Chlorine	_____ (.1 mg/1 minimum residual)
Sludge Levels:	Tank 1 _____ Tank 2 _____ Tank 3 _____
Riser/Tank lid Secured:	_____

General comments:

I certify this report and test were done according to the Authorized Agents Order. Access ports were secured after maintenance and inspection activities were completed.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G&A DIVISION  
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WOODLANDS DIVISION  
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The Woodlands, Texas 77387  
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HIGHLANDS DIVISION  
P.O. Box 861  
Highlands, Texas 77562  
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