AQUAPOINT
241 DUCHAINE BLVD.
NEW BEDFORD, MA 02745
TEL. 508 998-7577 / FAX. 508 998-7177

CHEMICAL FEED FIELD REPORT

Date:	Installation:	Tested:
Client:	Service:	Commissioned:
Address:	Other:	Scheduled Maint.
Inspector:		
Contact Aquapoint if assistance is required to determine Chemical Feed dosing rates.		
1) Odor around site? Y / N, Source of odor?		
Check all that apply:	Mild: Med:	Strong:
	Musty:	Septic:
2) Take influent/effluent samples as required.		
Please fax analytical results to Aquapoint for review.		
3) a) Measure the amount of chemical in Neptune CFS-90 as required:		
b) Chemical Solution Depth:	Chemical depth:	
Alkalinity		
Carbon		
Coagulant		
Other		
4) FEED PUMPS AND CONTROL PANEL		
a) Record the applicable timer settings from chemical feed control panel		
Alkalinity Timer:	min on/ min off	
Coagulant Timer:	min on/ min off	
Carbon Timer:	min on/ hrs off	
Other:	min on/ hrs off	
Record Chemical Feed Rate (mls/minute):		
Alkalinity:		
Carbon:		
Coagulant:		
Other:		
Note any timer/feed rate changes here:	min on/ min off	mls/minutes
a) Did the peristaltic pump Chemical feed tubing get rotated?	Y / N	
Contact Arvin Associates (508) 583-8221 for any control panel replacement part.		
10) FINAL CHECK		
a) Main power "on" and toggle for all pumps set to "normal" position	Y / N	
c) Lock control panel	Y / N	
d) If possible, record the water meter reading:		
NOTE: Field Test Results:		
11) REPORT SUMMARY:		
SIGNATURE:		