

Maintenance Correction List and Certificate of Completion

Facility name:

Address:

City of Kirkland Use Only

System ID no.

AS-Built no.

Date Inspected

Fill out or have your contractor fill out the table below to let us know what corrective maintenance was performed on your system and when. Please include all maintenance that has been performed since the date we inspected your system. If you hired a contractor to perform the maintenance, have them sign this form as well.

Corrective Item/Defect	Corrective Action Performed	Date Completed

*If more space is needed, please use the back.

I, the undersigned, do certify that the described maintenance above has been performed.

Signature (Owner/Managing agent)

Signature (Contractor's Representative)

Printed Name

Printed Name

Date

Service Contractor's Company Name

Phone: _____

Date

Email: _____

Please note any changes in ownership/managing agent or any additional comments in the space below or on the back of this form.