HTE # or Last Name ______________________________

Malfunctioning Systems

Fill out this section at the time the Malfunction is Evaluated and a Permit Issued or other Remedy Proposed.

For the system that malfunctioned or was damaged or destroyed.

Unique Identifier - REQUIRED	Failing System Code	Age (whole number)	Was it Initial or Repair	Type Distri-bution	LTAR today	Design Flow (gpd)	Type of Failure Code	Primary Cause Code	Replace-ment System or Remedy Code
327 Wire Rd	TCT	78	I		.4	240	BU	A	.25