



Health & Human Services
Environmental Health
Fort Bend County, Texas
4520 READING ROAD ♦ SUITE A-800 ♦ ROSENBERG, TX 77471
OFFICE: 281-342-7469 FAX: 281-342-5572



Maintenance Contract Submittal Bulk Upload

In order to upload multiple maintenance inspections, you will need to be sure to have the appropriate data fields separated with a comma “,” in a specific order.

Inspection Date, Inspection Type, Service Company, Maintenance Technician
Name, Aerators, Alarms, Filters, Irrigation Pumps, Recirculation Pumps, Chlorine Supply, Electrical Circuits/
Control Box, Distribution Systems, Sprayfield Vegetation/Seeding (If Applicable), Float, Disinfection
Device, Tank Lid, Needs Pumping, Cl2, Test Method, BOD (Grab), Test Method, TSS (Grab), Test Method, Fecal
Coliform, Test Method, General comments or recommendations, OSSF Permit Number

Make sure that any blank entries are still separated by a comma. Example if the field is blank then you would supply “,”.

Each field must have the correct option and/or the field needs formatted correctly. Page two of this document lists the Fields and Options/Format for each field.

Should you have any questions related these instructions or need to confirm that what you are sending is correct, please contact our office at 281-342-7469.

Thank You,

Fort Bend County Environmental Health

Field Label	Options/Formats
Inspection Date	xx/xx/xxxx
Inspection Type	Customer Request,Pumping Inspection,Repair,Scheduled Inspection
Service Company	This must match our system. Please inquire to the exact name.
Maintenance Technician Name	Open Text
Aerators	Operational,Inoperative
Alarms	Operational,Inoperative
Filters	Operational,Inoperative
Irrigation Pumps	Operational,Inoperative
Recirculation Pumps	Operational,Inoperative
Chlorine Supply	Operational,Inoperative
Electrical Circuits/ Control Box	Operational,Inoperative
Distribution Systems	Operational,Inoperative
Sprayfield Vegetation/Seeding (If Applicable)	Operational,Inoperative
Float	Operational,Inoperative
Disinfection Device	Operational,Inoperative
Tank Lid	Operational,Inoperative
Needs Pumping	Yes,No
Cl2	Decimal
Test Method Cl2	Text
BOD (Grab)	Decimal
Test Method BOD	Text
TSS (Grab)	Decimal
Test Method TSS	Text
Fecal Coliform	Decimal
Test Method Fecal Coliform	Text
General comments or recommendations	Text
OSSF Permit Number	Your permit number. Must match exactly.