

INSPECTION OF WASTEWATER TREATMENT PLANT

Health Department _____ Name of Establishment _____ Type of Plant _____ Design Flow _____

Operator _____ Address _____ Phone _____

Remarks _____

	Yes	No	REMARKS
1. GENERAL CONDITION:			
Structurally sound, protected from corrosion, watertight?	<input type="checkbox"/>	<input type="checkbox"/>	
Floats/pipes/valves/disconnects in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Fenced, protected from unauthorized access?	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds maintained in a safe, sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Control panel enclosures/components in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Standby power system operating properly, automatically?	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring data collected, reports submitted as required?	<input type="checkbox"/>	<input type="checkbox"/>	
Plant meeting flow and quality limits?	<input type="checkbox"/>	<input type="checkbox"/>	
2. HEADWORKS:			
Bar screenings being removed and disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Comminutor/flow splitter operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
3. FLOW EQUALIZATION:			
Pumps/blower present, operating, and cycling properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Controls/weirs adjusted to effectively equalize flow?	<input type="checkbox"/>	<input type="checkbox"/>	
High-water alarm present and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
4. AERATION SYSTEM:			
All blowers present, operating, and cycling properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Diffusers all open, no dead spots, air flow balanced?	<input type="checkbox"/>	<input type="checkbox"/>	
“Mixed liquor” looks and smells satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
Settleability test: _____			
5 min. 30 min. 60 min.			
5. CLARIFIERS:			
Effluent free of excess solids?	<input type="checkbox"/>	<input type="checkbox"/>	
Few floating solids and sludge blanket sufficiently deep?	<input type="checkbox"/>	<input type="checkbox"/>	
Sludge return pumps and skimmers operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Sides/hopper walls scraped regularly?	<input type="checkbox"/>	<input type="checkbox"/>	
Weirs level, free of debris, algae?	<input type="checkbox"/>	<input type="checkbox"/>	
6. SLUDGE HOLDING TANK:			
Properly used for sludge wasting/concentration/aeration?	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of sludge being hauled as needed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. TERTIARY FILTERS:			
In use and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Backwash pumps present, operating properly/automatically?	<input type="checkbox"/>	<input type="checkbox"/>	
Air scour blower(s) operate properly/automatically?	<input type="checkbox"/>	<input type="checkbox"/>	
No evidence of clogged filters, solids buildup?	<input type="checkbox"/>	<input type="checkbox"/>	
Mudwell pumps present, operating, and cycling properly?	<input type="checkbox"/>	<input type="checkbox"/>	
High-water alarm present and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
8. CHLORINATOR:			
Present if required, operated and maintained properly?	<input type="checkbox"/>	<input type="checkbox"/>	
9. FLOW MONITORING DEVICE:			
Present and in good working condition:?	<input type="checkbox"/>	<input type="checkbox"/>	
10. EFFLUENT DOSING TANK:			
Effluent appears clear, free of suspended solids?	<input type="checkbox"/>	<input type="checkbox"/>	
Required pumps present, operating and cycling properly?	<input type="checkbox"/>	<input type="checkbox"/>	
High-water alarm present and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
Elapsed time reading: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REMARKS/OTHER ITEMS INSPECTED: _____

SUMMARY OF IMPROVEMENTS NEEDED:

Improvement	Repair Within (Days)

DATE: _____ SIGNED: _____ AGENT

SUMMARY OF IMPROVEMENTS NEEDED (Continued)

Improvement

Repair Within (Days)

INSTRUCTIONS

Purpose: Article 11 of Chapter 130A requires the Commission for Health Services to adopt rules governing the design, construction, and operation of wastewater systems. 15A NCAC 18A .1937 specifies that the local health department shall determine whether systems with an Operation Permit are operating properly at a frequency specified in Rule .1961, Table V(a), and that systems which exceed 3,000 gallons per day and other systems which are required to be designed by a professional engineer shall be reinspected annually. This form is developed to be used in making inspections of wastewater treatment plants.

Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection of a wastewater treatment plant, along with DENR 3702. Prepare an original and two copies for:

1. Original to be left with the responsible person (attach to DENR 3702).
2. Copy for the local health department (attach to DENR 3702).
3. Copy for the On-Site Wastewater Section, Division of Environmental Health (attache to DENR 3702).

Disposition: This form may be destroyed in accordance with Standard 7, Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

Additional forms may be ordered from: On-Site Wastewater Section
Division of Environmental Health
P. O. Box 29594
Raleigh, NC 27626-0594
(Courier 52-01-00)