

TAX REFERENCE # \_\_\_\_\_

### COUNTY HEALTH DEPARTMENT WASTEWATER TREATMENT MANAGEMENT PROGRAM SYSTEMS INSPECTION REPORT

SYSTEM OWNER : \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SYSTEM OPERATOR: \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE OF THIS INSPECTION \_\_\_\_\_ DATE OF LAST INSPECTION \_\_\_\_\_ TIME \_\_\_\_\_

LPP inspection (3 yr.)  Pump Conventional - Pressure Manifold (5 yr.)  Reinspection

Engineered System (1 yr.)  No Operator (6 mon.)  Sand filter (1 yr.)

Food/Lodging Compliance Inspection  In Compliance? \_\_\_\_\_ Remarks: \_\_\_\_\_

**FACILITY:**

Type, size, and sewage flow in accordance with permit? 

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

 \_\_\_\_\_

**TANKAGE:**

Risers accessible, surface water diverted? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Risers structurally sound, watertight? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Sanitary tee in good condition, effluent filter cleaned as needed? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Sludge depth/appearance \_\_\_\_\_, level acceptable? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

**EFFLUENT DOSING SYSTEM:**

Sludge depth/appearance \_\_\_\_\_, effluent appears clear? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Required pumps present, operating, and cycling properly? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

High-water alarm present and operating properly? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Vent/floats/pipe/valves/disconnects in good working condition? 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 \_\_\_\_\_

Control panel/electrical components in good condition? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

**GROUND ABSORPTION FIELDS:**

No evidence of effluent surfacing/reaching surface waters? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Minimal ponding in subsurface trenches? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Surface water diverted around fields, no depressions on drainfield? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Line cover/vegetation adequate/maintained as needed? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Protected from traffic, destructive uses? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Distribution devices accessible? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

Distribution devices in good condition, working properly? 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 \_\_\_\_\_

Repair area properly reserved, maintained? 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 \_\_\_\_\_

Turn-ups/cleanouts/valves intact and accessible? 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 \_\_\_\_\_

No effluent standing in lower laterals? 

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

 \_\_\_\_\_

Laterals free of excess solids, flushed as needed? 

<input type="checkbox"/>	<input type="checkbox"/>
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 \_\_\_\_\_

**OPERATOR REPORTS RECEIVED / UP TO DATE**

<b>DELIVERY RATE / PRESSURE HEAD</b>			
<u>Design Rate</u>	<u>Measured Rate</u>	PT- _____	
_____ gpm @ _____ ft.	_____ "/ _____ min. x _____ gpi = _____ gpm @ _____ ft. head		
Left @ _____ ft.	_____ "/ _____ min. x _____ gpi = _____ gpm @ _____ ft. head		
Percent Efficiency of Delivery = _____%			
etm(this) _____ - etm(last) _____ [X 60min]= _____ min X _____ gpm= _____ gals / _____ days = _____ gpd avg			

COMMENTS \_\_\_\_\_

IMPROVEMENTS NEEDED \_\_\_\_\_

STATUS OF SYSTEM: Compliant  Structural Non-compliant  Malfunctioning  Incomplete Inspection

If you have questions regarding this inspection report, contact The County Health Department, Environmental Health Division at - extension 2360 8 AM - 5 PM (Field staff are generally available from 8-9 AM & 4:30-5 PM)

\_\_\_\_\_  
Environmental Health Specialist

TAX REFERENCE # \_\_\_\_\_

### COUNTY HEALTH DEPARTMENT OPERATOR REPORT for WASTEWATER TREATMENT SYSTEM INSPECTION

SYSTEM OWNER : \_\_\_\_\_ ADDRESS: \_\_\_\_\_

SYSTEM OPERATOR: \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE OF THIS INSPECTION \_\_\_\_\_ DATE OF LAST INSPECTION \_\_\_\_\_ TIME \_\_\_\_\_

SYSTEM O.P. ISSUED (MONTH/YEAR) \_\_\_\_\_

LPP inspection  Pump Conventional - Pressure Manifold  Other   
6 month insp.  Annual insp.  In Compliance? \_\_\_\_\_ Remarks: \_\_\_\_\_

FACILITY: \_\_\_\_\_  
Type, size, and sewage flow in accordance with permit?  Y  N \_\_\_\_\_

TANKAGE: \_\_\_\_\_  
Risers accessible, surface water diverted?   \_\_\_\_\_  
Risers structurally sound, watertight?   \_\_\_\_\_  
Sanitary tee in good condition/effluent filter cleaned?   \_\_\_\_\_  
Sludge depth/appearance \_\_\_\_\_, level acceptable?   \_\_\_\_\_

EFFLUENT DOSING SYSTEM: \_\_\_\_\_  
Sludge depth/appearance \_\_\_\_\_, effluent appears clear?   \_\_\_\_\_  
Required pumps present, operating, and cycling properly?   \_\_\_\_\_  
High-water alarm present and operating properly?   \_\_\_\_\_  
Vent/floats/pipe/valves/disconnects in good working condition?   \_\_\_\_\_  
Control panel/electrical components in good condition?   \_\_\_\_\_

GROUND ABSORPTION FIELDS: \_\_\_\_\_  
No evidence of effluent surfacing/reaching surface waters?   \_\_\_\_\_  
Minimal ponding in subsurface trenches?   \_\_\_\_\_  
Surface water diverted around fields, no depressions on drainfield?   \_\_\_\_\_  
Line cover/vegetation adequate/maintained as needed?   \_\_\_\_\_  
Protected from traffic, destructive uses?   \_\_\_\_\_  
Distribution devices accessible?   \_\_\_\_\_  
Distribution devices in good condition, working properly?   \_\_\_\_\_  
Repair area properly reserved, maintained?   \_\_\_\_\_  
Turn-ups/cleanouts/valves intact and accessible?   \_\_\_\_\_  
No effluent standing in lower laterals?   \_\_\_\_\_  
Laterals free of excess solids, flushed as needed?   \_\_\_\_\_

**DELIVERY RATE / PRESSURE HEAD**

Design Rate \_\_\_\_\_ Measured Rate \_\_\_\_\_ Pump Tank Size \_\_\_\_\_ Pump Tank # \_\_\_\_\_  
\_\_\_\_\_ gpm @ \_\_\_\_\_ ft. \_\_\_\_\_ "/\_\_\_\_\_ min. x \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head  
P.head left @ \_\_\_\_\_ ft. \_\_\_\_\_ "/\_\_\_\_\_ min. x \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head  
Percent Efficiency of Delivery = [Measured Rate/Design Rate] X 100 = \_\_\_\_\_%

etm(this) \_\_\_\_\_ - etm(last) \_\_\_\_\_ [X 60min]= \_\_\_\_\_ min X \_\_\_\_\_ gpm= \_\_\_\_\_ gals / \_\_\_\_\_ days = \_\_\_\_\_ gpd avg

COMMENTS \_\_\_\_\_

IMPROVEMENTS NEEDED \_\_\_\_\_

STATUS OF SYSTEM: Compliant  Noncompliant

\_\_\_\_\_  
Certified Operator

A Copy of this report will be submitted to: The County Health Department, Environmental Health Division,

TAX REFERENCE # \_\_\_\_\_

### COUNTY HEALTH DEPARTMENT WASTEWATER SYSTEM INSTALLATION INSPECTION REPORT

APPLICANT/OWNER : \_\_\_\_\_ LOCATION \_\_\_\_\_  
SYSTEM INSTALLER: \_\_\_\_\_ DATE OF FIRST INSPECTION \_\_\_\_\_

SYSTEM TYPE: CONVENTIONAL  INNOVATIVE  PUMP  MANIFOLD  LPP

PRETESTED  # \_\_\_\_\_ TYPE/TRADE NAME \_\_\_\_\_  
PRETESTED  # \_\_\_\_\_

**TANKS**

**ST**

MANU. _____
STB - _____
_____ GAL
_____ PSI
DATE _____
LEAK TEST _____

**PT**

MANU. _____
PT - _____
_____ GAL
_____ PSI
DATE _____
LEAK TEST _____

**PUMP REQUIREMENTS**

\_\_\_\_\_ GPM @ \_\_\_\_\_'TDH

BRAND \_\_\_\_\_

MODEL \_\_\_\_\_

ALARM OK

PULL ROPE

FLOATS SET

**Effluent Filter:**

Brand: \_\_\_\_\_

Model#: \_\_\_\_\_

Inlet Riser OK

Outlet Riser OK

**SUPPLY PIPE**

SIZE, \_\_\_\_\_"

OK TO COVER

PRESSURE TEST

**ELECTRICAL**

ENCLOSURE/CONDUIT

DUCT SEAL

GROUT

COMMENTS \_\_\_\_\_

**DIAGRAM - AS BUILT**

**YET TO DO:**

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

ALL INSPECTIONS COMPLETED

**INITIALS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

TAX REF# \_\_\_\_\_

DATE THIS \_\_\_\_\_

WATER METER READING THIS VISIT \_\_\_\_\_

DATE LAST \_\_\_\_\_

WATER METER READING LAST VISIT \_\_\_\_\_

NO. DAYS \_\_\_\_\_

TOTAL GALLONS WATER USED \_\_\_\_\_

**PUMP #1** FIELD # \_\_\_\_\_

**Design Flow** = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Measured Flow Rate:** \_\_\_\_\_ "/ \_\_\_\_\_ min. X \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Percent Efficiency of Delivery** = (Measured Rate/Design Rate)X100= \_\_\_\_\_ %

EVENTS THIS \_\_\_\_\_

EVENTS LAST \_\_\_\_\_

EVENTS DIFF. \_\_\_\_\_

ETM THIS \_\_\_\_\_

ETM LAST \_\_\_\_\_

ETM DIFF. \_\_\_\_\_ X 60 = \_\_\_\_\_ min. X \_\_\_\_\_ gpm = \_\_\_\_\_ gals./ \_\_\_\_\_ days = \_\_\_\_\_ gpd avg

**PUMP #2** FIELD# \_\_\_\_\_

**Design Flow** = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Measured Flow Rate:** \_\_\_\_\_ "/ \_\_\_\_\_ min. X \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Percent Efficiency of Delivery** = (Measured Rate/Design Rate)X100= \_\_\_\_\_ %

EVENTS THIS \_\_\_\_\_

EVENTS LAST \_\_\_\_\_

EVENTS DIFF. \_\_\_\_\_

ETM THIS \_\_\_\_\_

ETM LAST \_\_\_\_\_

ETM DIFF. \_\_\_\_\_ X 60 = \_\_\_\_\_ min. X \_\_\_\_\_ gpm = \_\_\_\_\_ gals./ \_\_\_\_\_ days = \_\_\_\_\_ gpd avg

**PUMP #3** FIELD# \_\_\_\_\_

**Design Flow** = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Measured Flow Rate:** \_\_\_\_\_ "/ \_\_\_\_\_ min. X \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Percent Efficiency of Delivery** = (Measured Rate/Design Rate)X100= \_\_\_\_\_ %

EVENTS THIS \_\_\_\_\_

EVENTS LAST \_\_\_\_\_

EVENTS DIFF. \_\_\_\_\_

ETM THIS \_\_\_\_\_

ETM LAST \_\_\_\_\_

ETM DIFF. \_\_\_\_\_ X 60 = \_\_\_\_\_ min. X \_\_\_\_\_ gpm = \_\_\_\_\_ gals./ \_\_\_\_\_ days = \_\_\_\_\_ gpd avg

**PUMP #4** FIELD# \_\_\_\_\_

**Design Flow** = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Measured Flow Rate:** \_\_\_\_\_ "/ \_\_\_\_\_ min. X \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head

**Percent Efficiency of Delivery** = (Measured Rate/Design Rate)X100= \_\_\_\_\_ %

EVENTS THIS \_\_\_\_\_

EVENTS LAST \_\_\_\_\_

EVENTS DIFF. \_\_\_\_\_

ETM THIS \_\_\_\_\_

ETM LAST \_\_\_\_\_

ETM DIFF. \_\_\_\_\_ X 60 = \_\_\_\_\_ min. X \_\_\_\_\_ gpm = \_\_\_\_\_ gals./ \_\_\_\_\_ days = \_\_\_\_\_ gpd avg

**TOTAL GPD** \_\_\_\_\_

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# SANDFILTER PRE-TREATMENT INSPECTION ATTACHMENT SHEET

TYPE SANDFILTER: TS-1 BURIED \_\_\_\_\_ TS-1 FREE ACCESS \_\_\_\_\_ TS-2 RECIRCULATING \_\_\_\_\_ OTHER \_\_\_\_\_

In Compliance?

**SANDFILTER DOSING SYSTEM:**

Y N

Remarks:

- Pump present, operating, cycling properly?  Y  N \_\_\_\_\_
- High water alarm operating properly?  Y  N \_\_\_\_\_
- Floats/pipe/valves/union in good condition?  Y  N \_\_\_\_\_
- Control panel/components in good repair?  Y  N \_\_\_\_\_

**SANDFILTER:**

- Surface/subsurface water diverted?  Y  N \_\_\_\_\_
- Containment structure in good condition?  Y  N \_\_\_\_\_
- Filter underdrain properly vented?  Y  N \_\_\_\_\_
- Observation port accessible?  Y  N \_\_\_\_\_
- Sand media replaced with approved media?  Y  N \_\_\_\_\_
- No ponding of effluent?  Y  N \_\_\_\_\_
- Effluent equally distributed?  Y  N \_\_\_\_\_
- Filter properly dosed? Note # of times/day?  Y  N \_\_\_\_\_
- Laterals flushed?  Y  N \_\_\_\_\_
- Physical integrity of pipe network good?  Y  N \_\_\_\_\_
- Head properly adjusted? Note # of valve turns  Y  N \_\_\_\_\_
- Filter properly covered?  Y  N \_\_\_\_\_

**DELIVERY RATE / PRESSURE HEAD**

Design Rate \_\_\_\_\_ Measured Rate \_\_\_\_\_ Pump Tank Size \_\_\_\_\_  
 \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. \_\_\_\_\_ "/\_\_\_\_\_ min. x \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head  
 P.head left @ \_\_\_\_\_ ft. \_\_\_\_\_ "/\_\_\_\_\_ min. x \_\_\_\_\_ gpi = \_\_\_\_\_ gpm @ \_\_\_\_\_ ft. head  
 Percent Efficiency of Delivery = [Measured Rate/Design Rate] X 100 = \_\_\_\_\_%(not to be <75% of design rate)

etm(this) \_\_\_\_\_ -etm(last) \_\_\_\_\_ [x 60 min]=[a] \_\_\_\_\_ min. run time  
 events(this) \_\_\_\_\_ -events(last) \_\_\_\_\_ =[b] \_\_\_\_\_ events **timer left at:**  
 [a] / [b] = \_\_\_\_\_ ave. pump run time \_\_\_\_\_ minutes "on" & \_\_\_\_\_ hours "off"

**SAMPLING:**

- Sampling port accessible?  Y  N \_\_\_\_\_
- Filter effluent appears clear?  Y  N \_\_\_\_\_
- Meets minimum treatment standards of:
- BOD - 5 day <15mg/l or <10mg/l?  Y  N \_\_\_\_\_
- Total suspended solids <15 mg/l or <10mg/l?  Y  N \_\_\_\_\_
- Ammonium-nitrogen <10mg/l?  Y  N \_\_\_\_\_
- (TS-II) 50% total nitrogen reduction in ST effluent or Total nitrogen concentration in the effluent from the pretreatment unit <15mg/l  Y  N \_\_\_\_\_
- Fecal coliform bacteria densities < 10,000 colonies/100 ml  Y  N \_\_\_\_\_
- Lab reports submitted by operator to HD?  Y  N \_\_\_\_\_

Improvements needed to pre-treatment \_\_\_\_\_

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# INNOVATIVE SYSTEMS SURVEY

Date \_\_\_\_\_

Tax Map Reference# \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_, \_\_\_\_\_ NC

System installation date: \_\_\_\_\_

Style of System(Trade name): \_\_\_\_\_

Soil moisture conditions: (circle one)      Dry              Some moisture              Saturated

Type of System: (Circle one)      Pump              Gravity              Other

Are there observation ports for the system? (circle one)      YES              NO

If Yes, comment on observations of the nitrification lines: \_\_\_\_\_

\_\_\_\_\_

Is the system properly landscaped over the nitrification lines? (Circle one)      YES              NO

Comments on landscaping: \_\_\_\_\_

\_\_\_\_\_

Describe surface stability over the nitrification lines (e.g. spongy, firm): \_\_\_\_\_

\_\_\_\_\_

Drainfield vegetation (circle all that apply):      Naturalized area      Grassed      Bare      Wooded

Drainfield vegetation properly maintained? (Circle one)      YES              NO

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System surveyed by: \_\_\_\_\_

Environmental Health Specialist