



OPERATION AND MAINTENANCE (O & M) REPORT

THIS REPORT IS SUBMITTED AS REQUIRED BY THE WASHTENAW COUNTY REGULATION FOR THE MANAGEMENT, TREATMENT AND DISPOSAL OF WASTEWATER

This form is to only be completed by Maintenance Providers certified by the Washtenaw County Environment Health Division

(Rev. 4/1/10)

Operation Inspection Date: _____

Operating Permit #: _____

Owner Name: _____

Sewage Permit #: _____

Property Address: _____

Have there been property line changes within 10 ft. of the wastewater system area? Yes No

PROPERTY TYPE

Residential Property

Age of home: _____ years

Number of bedrooms: _____

Current number of residents: _____

Home occupied: Yes No

If no, vacant _____ months

Change of use in past year: Yes No

If Yes, explain:

Commercial Property

Age of system: _____ years

Population served: _____

Hours/Days of operation: _____

Design capacity: _____ gpd

Domestic sewage only: Yes No

Food service: Yes No

Grease trap: Yes No If Yes, last pumped: _____

Current use per Operating Permit: Yes No

If No, explain:

SEPTIC TANKS

Check here if this section is not applicable

Number of Tanks: _____

Total capacity: _____ gal.

Accessible for pumping: Yes No

Date tank(s) last pumped: _____

Tank access within 18" of grade: Yes No

Effluent above outlet: Yes No

Tanks structurally sound: Yes No

Effluent filter cleaned: Yes No N/A

Outlet device(s) intact: Yes No

Riser/lid in secure condition: Yes No

Septic tank comments/notes (list any corrections/repairs made on site):

Tank 1

Tank 2

PRE-TREATMENT UNIT

Check here if this section is not applicable

Type/Manufacturer: _____

Serviced per manufacturer requirements: Yes No

Service Date(s) for past year: _____

Type (check one):

Packed Bed

Unit operational, in service: Yes No

Filter media in sound condition: Yes No

Piping network satisfactory: Yes No

Effluent color, odor normal: Yes No (If No, explain below)

Lid, housing in sound condition: Yes No

Components sound, functional: Yes No

Aerobic Treatment Unit

Unit operational, in service: Yes No

Date trash tank last pumped: Yes No

Blower delivering proper aeration: Yes No

Effluent color, odor normal: Yes No (If No, explain below)

Lid, housing in sound condition: Yes No

Components sound, functional: Yes No

Sand Filter

Effluent on ground surface: Yes No

Liner intact: Yes No

Laterals flushed: Yes No N/A

Proper grading/drainage: Yes No

Effluent color, odor normal: Yes No (If No, explain below)

System dosing properly: Yes No N/A

System access ports intact: Yes No N/A

Vegetation controlled: Yes No

Evidence of anaerobic conditions: Yes No

Pre-treatment unit comments/notes (list any corrections/repairs made on site):

PUMP CHAMBER

Check here if this section is not applicable

Chamber watertight: Yes No

All floats operational: Yes No

Operating per design: Yes No

Riser/lid in sound condition: Yes No

J-box, power cords watertight, sound: Yes No

Piping in chamber sound: Yes No

Pump Chamber comments/notes (list any corrections/repairs made on site):

Cleaned intake screen

Adjusted floats

CONTROL PANEL

Check here if this section is not applicable

Alarm functional: Yes No Alarm count (if applicable): _____ Panel operational: Yes No

Timer settings per design: Yes No N/A Panel secure & sound: Yes No

Approx. dose volume (D): _____ gal Flow readings: Events = _____; Run time = _____ Hrs.

Number of events (E) since last read: _____; Number of days since last read (T): _____

Average Daily Flow: $\frac{D \times E}{T} =$ _____ gpd

Control Panel comments/notes (list any corrections/repairs made on site):

SOIL ABSORPTION AREA (SAS)

Type (check one):

Trench

Effluent on ground surface: Yes No

Access ports intact: Yes No N/A

Grading/drainage issues: Yes No

Greenbelt dry: Yes No

Biomat present in trenches? Yes No (If Yes, explain in comments)

Check appropriate boxes for each trench:

	T1	T2	T3	T4
Dry				
Liquid At or Below Lateral Invert				
Liquid Above Lateral Invert				

Bed

Effluent on ground surface: Yes No

Access ports intact: Yes No N/A

Grading/drainage issues: Yes No

All PDN zones operational: Yes No N/A

Saturation in SAS: None ≤50% >50%

Biomat present: None ≤50% >50%

SAS comments – list fieldwork and any corrections/repairs made on site:

PDN laterals flushed

SAMPLING INFORMATION (treatment system effluent unless otherwise specified)

Sampling in compliance with Operating Permit: Yes No

Date	BOD5	TSS	Total Coliform	Other

****COMPLETE THIS SECTION FOR PROPERTY TRANSFER CASES ONLY****

Municipal sewer available: Yes No

Wastewater fixtures not connected to system: Yes No

If Yes, explain: _____

Clear-water sources (footing drain, softener discharge, etc.) connected to system: Yes No

If Yes, explain: _____

Automatic sprinklers on/near system? Yes No

Encroachment on disposal area? Yes No

Property Transfer comments/notes:

GENERAL COMMENTS (use, service calls, site changes, maintenance recommendations, etc.)

I have discussed system maintenance with the property owner

Based on data presented in this inspection report, the Washtenaw County Environmental Health Division will issue a letter stating whether the Operating Permit for this facility will be renewed. Corrective measures may be required as a result of this report prior to Operating Permit Renewal.

I, _____, being a Washtenaw County Certified O&M Contractor, have inspected the wastewater disposal system indicated above. I certify that this inspection was done within the guidelines established by Washtenaw County and was completed in a thorough and complete manner. Further, I certify that this report includes all knowledge that I have concerning the operation and function of said system.

Signature

Date

Cert. #