

SEPTIC SYSTEM OPERATION & MAINTENANCE REPORT FORM

Name of Establishment _____ Date of Service: _____

Name of Owner/Manager: _____ Phone # _____

Site Address _____ City _____

ONSITE SEWER SYSTEM STATUS:

Working satisfactorily
 Working, Corrections Needed*
 Failure*
 (*Explain under "COMMENTS" section below. Failures shall be reported to the Grant County Health District.)

COMMENTS: *Briefly describe any of the following activities that have occurred during the contract period: Additional inspections not listed above; Clarifications from the Inspection Activity checklist on the back of this page, and/or; Indications of high waste strength, toxic discharges, repairs or malfunctions. List date(s) when they occurred or were observed.*

I have evaluated the system's previous waste strength testing and use of the system (including the menu). Wastewater strength ____ is ____ is not a concern. If it is a concern, I am including wastewater testing results for Carbonaceous biochemical oxygen demand (CBOD)*, Total Suspended Solids (TSS)* and Oils and Grease (O&G)*. I have advised the establishment of the results and recommended ways to maintain or achieve residential waste strength.

Service Company Name _____

SEPTIC MAINTENANCE PROVIDER's Name: _____ Provider Phone # _____

SIGNATURE OF SEPTIC MAINTENANCE PROVIDER X _____ **Date** _____

This report indicates the condition of the above onsite sewage system at the time of inspection dated. It does not guarantee that it will continue to function satisfactorily.

*Residential Waste Strength is characterized when the effluent test results do not exceed any of the following: Carbonaceous Biochemical Oxygen Demand – 180; Total Suspended Solids – 161; and Oils and Grease – 37.

INSPECTION ACTIVITY: Check all **applicable** boxes located on the back of this page.

Note: All activities listed which are applicable to the on-site sewage disposal (OSS) system serving this site, must be inspected and checked off.

INSPECTION ACTIVITY (If not applicable write N/A)

SEPTIC TANK

			Inches
		Depth of floating mat in 1st compartment	
		Depth of sludge in 1st compartment	
		Depth of floating mat in 2nd compartment	
Yes	No	Depth of sludge in 2nd compartment	
		Inlet and Outlet baffles in place and not damaged	
		Effluent filter accessible, in place	
		Effluent filter cleaned (If applicable)	
		Watertight (no visual leaks), including risers	
		Risers & lids in good condition, lids securely fastened	
		Settling, erosion or ponding problems	
		Septic Tank Pumping Recommended	

PUMP TANK

			Inches
		Depth of floating mat	
		Depth of sludge	
Yes	No	Pump Draw Down, inches per min.	
		Vault screen cleaned, if applicable.	
		Floats functioning properly	
		Risers and lids good condition, lids securely fastened	
		Watertight (no visual leaks), including risers	
		Settling, erosion and/or ponding problems	
		Pump Tank Pumping Recommended	

CONTROL PANEL

Yes	No	
		Alarms working satisfactorily
		Timer #1 settings ON: OFF:
		Timer #2 settings ON: OFF:

DRAINFIELD

Yes	No	
		Signs of drainfield failure, such as settling, ponding, or soggy soils?
		Evidence of vehicular, livestock, or other traffic over drainfield?
		Reserve Area appears to be available?

AEROBIC TREATMENT UNIT – The manufacturer’s requirements must be followed. Please attach report with the manufacturer’s requirements.

Yes	No	
		Air supply working satisfactory
		Alarm working satisfactory
		Settle-able Solids, Sludge level measured
		Unit needs to be pumped

GREASE TRAP

Yes	No	
		Unit working as expected
		Baffles in place
		Pumping recommended
Date Pumped		Pumper
		Gal. Removed

Sketch of septic tank and drainfield location in proximity to building.

N ↑