

Weber-Morgan Health Department  
Weber-Morgan Health Department, 477 23<sup>rd</sup> Street, Ogden, Utah 84401 (801) 399-7160  
Onsite Wastewater System O&M Inspection Report

Inspected by: \_\_\_\_\_ Inspection date: \_\_\_\_\_

**Client Contact Information**

Name of owner: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**System Design Information**

Design Flow \_\_\_\_\_ Gal/day

**Operational Checklist**

Tank and advanced treatment component operational checklists

- Pump: Demand-Dose system       Pump tank
- Pump: Timer-Dosed system       Media filter
- Holding tank

**Final treatment and dispersal component operational checklist**

- Gravity distribution                       Drip distribution system
- At-Grade                                       Low pressure drainfield
- Mound System

**System Evaluation**

1. Observation and assessment of the site

- a. Evaluate odor within 10 ft of perimeter of system:  None  Mild  Strong  Chemical  Sour
- b. Any surfacing or breakouts?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- c. Any Construction, utility work?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- d. Any changes in drainage patterns?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- e. Are all components present and not modified?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- f. Are all lids at grade or on risers present and secure?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- g. Traffic on onsite wastewater system?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- h. Are two monitoring ports present?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_
- i. Effluent filter accessible and present?                      Yes \_\_\_ No \_\_\_ Note: \_\_\_\_\_

Note: The State Wastewater Rule R317-4 and the conditions of your permit require at least two monitoring ports on all Alternative Wastewater Systems. They should be installed, one on each side of the absorption field, at the furthest points of distribution. Failure to provide observation ports will result in your system being listed as Out of Compliance with this office.

Maintenance recommendation: It is recommended that all septic tanks are pumped every 3-5 years, and any effluent filters are cleaned yearly.

2. Pump: timer dosed system

Control panel settings: On \_\_\_\_\_ minutes    Off \_\_\_\_\_ hours

Date of current inspection: \_\_\_\_\_ Date of previous inspection: \_\_\_\_\_

Calculated gal/ day usage: \_\_\_\_\_

	Total Cycles <sup>1</sup>	Elapsed Time <sup>1</sup>	# Days <sup>2</sup>	Cycles/ Day <sup>3</sup>	Min/ Cycle <sup>4</sup>	Gal/Min <sup>5</sup>	Gal/Day <sup>6</sup>
Current Inspection:							
Previous Inspection:							

1. Total Cycles and Elapsed Time are recorded from the control panel. Time is in hours.
2. # Days, is the number of days that have passed since the previous inspection.  
Note: Julian counters online, <http://www.numerical-recipes.com/julian.html> or <http://aa.usno.navy.mil/data/docs/JulianDate.html>
3. Cycles/Day, Cycles per day is the number of cycles that occurred since the last inspection, divided by the number of days that have passed since the previous inspection.
4. Min/Cycle, minutes per cycle is the time in minutes of each cycle.
5. Gal/Min, The volume (gallons) of wastewater displaced by the pump. Measure the drop, (inches) in the pump chamber during a given time, usually 1 minute. Consult the mound plans to determine relation between drop and volume for the tank. If this measurement is not taken during the inspection, use the previous measurement.
6. Gallons per day = (cycles/day)(min/cycle)(gal/min).

### 3. Pressure Distribution

- a. Distal head before cleaning
  - i. Equal height. Yes\_\_\_ No\_\_\_ Note: \_\_\_\_\_
  - ii. Height (inches): \_\_\_\_\_ in
- b. Lateral Condition
  - i. Laterals in need of cleaning. Yes\_\_\_ No\_\_\_ Note: \_\_\_\_\_
  - ii. Laterals cleaned. Yes\_\_\_ No\_\_\_ Note: \_\_\_\_\_
  - iii. Method for cleaning laterals: \_\_\_\_\_
- c. Distal head after cleaning
  - i. Equal height. Yes\_\_\_ No\_\_\_ Note: \_\_\_\_\_
  - ii. Height (inches): \_\_\_\_\_ in

### 4. Site status at conclusion of inspection

- Verify that controls are set on the appropriate mode
- Power is on to all components
- Revisit all components to verify lids are secure
- Gather all tools for removal from the site
- Verify that no sewage is on the ground surface

### 5. Overall System Condition

- Acceptable
- Unacceptable
- Maintenance needed
- Maintenance performed

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

*This report indicates the condition of the above onsite wastewater treatment system at the time of the O&M inspection. It does not guarantee that it will continue to function satisfactorily.*

Inspector's Name: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_