

OWMP (Onsite Wastewater Management Programme) Standard Service Report

| Customer Information | | WWTS Information | |
|------------------------------|--|---|--|
| Property Name | | WAC WWTS ID | |
| Contact Name | | Make | |
| Phone | | Model | |
| E-mail | | | |
| Service Provider Information | | Service Visit Information | |
| Company | | Date & Time | |
| Technician | | Owner or representative present? If yes, Name & Phone Number: | |
| Phone | | | |

NOTE: Service to be carried out per manufacturer's specification and best practices. Any problems outside routine maintenance that require attention; e.g., system access, worn equipment or need for pump-out are to be documented on this report which is to be copied to the Owner and Water Authority. **All items in bold are to be addressed at each visit;** remaining items are to be addressed when needed / applicable.

| General Conditions | Observations | |
|---|--------------|----|
| Are all access covers accessible? | Yes | No |
| Strong odours noticeable at 10 feet from system? | Yes | No |
| Excessive noise or vibrations being caused by equipment? | Yes | No |
| Condition of electrical panel(s) acceptable? | Yes | No |
| Any signs of system upset/overflow? | Yes | No |
| Note actions taken and/or follow up needed: | | |
| | | |

| WWTS Component Checks | | |
|--|-----|----|
| Pre-settling tank or compartment | | |
| Inlet/outlet/flow splitter structures in good condition? | Yes | No |
| Measure Solids Levels in first compartment using "solids-stick" or "core sampler" (Refer to Technical Guide 2) | | |
| Measured wet depth of tank (water level to bottom of tank): | | |
| Measured depth of scum (floating solids) layer: | | |
| Measured depth of sludge (settled solids) layer: | | |
| Is solids pump-out required? (Yes, if depth of scum layer + depth of sludge layer = more than 1/3 total wet depth, or , if either layer is within 3" of bottom of outlet T.) | Yes | No |
| Solids pump-out performed during service? | Yes | No |
| If pump-out performed, indicate gallons pumped: | | |
| Note actions taken and/or follow up needed: | | |
| | | |

| Grease Interceptor (if applicable) | | |
|--|-----|----|
| Inlet/outlet/flow splitter structures in good condition? | Yes | No |
| Measure Solids Levels in first compartment using "solids-stick" or "core sampler" (Refer to Technical Guide 2) | | |
| Measured wet depth of tank (water level to bottom of tank): | | |
| Measured depth of scum (floating solids) layer: | | |
| Measured depth of sludge (settled solids) layer: | | |
| Is solids pump-out required? (Yes, if depth of scum layer + depth of sludge layer = more than 1/3 total wet depth, or , if either layer is within 3" of bottom of outlet T.) | Yes | No |
| Solids pump-out performed during service? | Yes | No |
| If pump-out performed, indicate gallons pumped: | | |
| Note actions taken and/or follow up needed: | | |
| | | |

| Lift (Pump) Station (if applicable) | | |
|---|-----|----|
| Pump Tank appears satisfactory? (Normal water level; clear of excessive debris, scum or grease that could interfere with floats/cords/pumps) | Yes | No |
| Pumps operating satisfactorily? (Pump controls and alarm operating, adequate lubrication, no excessive noise or heat) | Yes | No |
| Amperage reading(s) = | | |
| Note actions taken and/or follow up needed: | | |
| | | |

Aeration Device

| | | | |
|--|---------------------------|------------|-----------|
| Rotating Biological Contactors (RBC) rotation even and quiet? (proper alignment, chain/belt tension & lubrication) | Not Applicable | Yes | No |
| Air compressor, pump or motor operating satisfactorily? | | Yes | No |
| Air flow satisfactory? | | Yes | No |
| | Air flow reading (scfm) = | | |
| | Amperage reading(s) = | | |
| Is aeration device on a timer? | | Yes | No |
| If aeration device is on a timer, indicate minutes ON / minutes OFF: | | | |
| Note actions taken and/or follow up needed: | | | |
| | | | |

Aeration (Treatment) Compartment

| | | |
|---|------------|-----------|
| Colour of liquid and/or attached growth (on fixed media or RBC) appears satisfactory? Circle colour observed: (Light Brown or Dark Brown is satisfactory; Grey or Black is unsatisfactory) | Yes | No |
|---|------------|-----------|

Final Compartment (Clarifier)

| | | |
|--|------------|-----------|
| Effluent clarity satisfactory? Circle clarity observed: | Yes | No |
|--|------------|-----------|

Measure Solids Levels in Aerobic Treatment Unit (ATU)

| | | |
|---|------------|-----------|
| Measure Solids Levels using a "core sampler" (Refer to Technical Guide 2) | | |
| Measured wet depth of tank (water level to bottom of tank): | | |
| Measured depth of scum (floating solids) layer: | | |
| Measured depth of sludge (settled solids) layer: | | |
| Is solids pump-out required? (Refer to manufacturer's guide for determining frequency and method for desludging aeration and/or final (clarifier) compartments). | Yes | No |
| Solids pump-out performed during service? | Yes | No |
| If pump-out performed, indicate gallons pumped: | | |
| Note actions taken and/or follow up needed: | | |
| | | |

Effluent Disposal Well

| | | |
|---|------------|-----------|
| Effluent well appears satisfactory? (water level below invert level; minimal scum, no offensive odour is satisfactory) | Yes | No |
| Note actions taken and/or follow up needed: | | |
| | | |

Summary Assessment of system function at time of service:

| |
|--|
| |
| |

Follow-up Services Required:

| |
|--|
| |
| |
| |

Service Provider Certification:

This Onsite Wastewater Treatment System Inspection Report is submitted based on an understanding of the manufacturer's Installation, Operation & Maintenance Manuals, and on observations made and actions taken during the service visit.

| | |
|----------------|---------------|
| Signed: | Dated: |
| | |