



SEWAGE STSTEM 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 report form is to only be completed by Washtenaw County Certified Operation and Maintenance Providers.*

Inspection Date: _____
Owner Name: _____
Property Address: _____

Operating Permit #: _____
Sewage Permit #: _____

URGENT – Failing System/Components

PROPERTY TYPE

Residential Property

Age of home: _____ years
Number of bedrooms: _____
Current number of residents: _____
Home occupied: Yes No
If no, vacant _____ months
Is this report related to a TOS request? Yes No
If **Yes**, complete TOS section (pg. 4)
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 at outlet: Yes No (If **No**, explain in comments)
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

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

Tank 1	Sludge depth: _____ Scum depth: _____	Comments:
Tank 2	Sludge depth: _____ Scum depth: _____	Comments:
Tank 3	Sludge depth: _____ Scum depth: _____	Comments:
Tank 4	Sludge depth: _____ Scum depth: _____	Comments:

PRE-TREATMENT UNIT Check here if this section is not applicable Synthetic Media Advantex Other: _____Serviced per manufacturer requirements: Yes No Service date(s) for past year: _____Unit operational, in service: Yes NoFilter media in sound condition: Yes NoPiping network satisfactory: Yes NoEffluent color, odor normal: Yes No (If **No**, explain below)Lid, housing in sound condition: Yes NoComponents sound, functional: Yes No**Comments:** (List any corrections/repairs made on site. Attach additional pages as necessary.) Aerobic Treatment Unit Norweco Bio-microbicsServiced per manufacturer requirements: Yes No Service date(s) for past year: _____Unit operational, in service: Yes No

Date trash tank last pumped: _____

Blower delivering proper aeration: Yes NoEffluent color, odor normal: Yes No (If **No**, explain below)Lid, housing in sound condition: Yes NoComponents sound, functional: Yes No**Comments:** (List any corrections/repairs made on site. Attach additional pages as necessary.) Sand FilterServiced per manufacturer requirements: Yes No Service date(s) for past year: _____No evidence of malfunction/failure: Yes NoNo effluent on ground surface: Yes NoLiner intact: Yes NoSystem dosing properly: Yes No N/ALaterals flushed: Yes No N/A (If **No**, explain below)System access ports intact: Yes No N/AProper grading/drainage: Yes NoVegetation controlled: Yes NoEffluent color, odor normal: Yes No (If **No**, explain below)No evidence of anaerobic conditions: Yes No**Comments:** (List any corrections/repairs made on site. Attach additional pages as necessary.)

PUMP CHAMBER Check here if this section is not applicable

Chamber watertight: Yes No
All floats operational: Yes No
Operating per design: Yes No
Cleaned intake screen: Yes No

Riser/lid in sound condition: Yes No
J-box, power cords watertight, sound: Yes No
Piping in chamber sound: Yes No
Adjusted floats: Yes No

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

CONTROL PANEL Check here if this section is not applicable

Alarm functional: Yes No Alarm count (if applicable): _____
Panel operational: Yes No Panel secure/sound: Yes No Timer settings per design: Yes No N/A
Approx. dose volume: _____ gal Flow readings: Events: _____ Run time: _____ hrs
Number of events since last read: _____ Number of days since last read: _____

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

SOIL ABSORPTION AREA (SAS)

Trench

No evidence of malfunction/failure: Yes No
No effluent on ground surface: Yes No
Access ports intact: Yes No N/A
No grading/drainage issues: Yes No
Greenbelt dry: Yes No
Vegetation controlled: Yes No
No biomat present in trenches: Yes No (If **No**, explain in comments)

Check applicable boxes for each trench:	T1	T2	T3	T4
Dry				
Liquid at or below lateral invert				
Liquid above lateral invert				

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

Bed

No evidence of malfunction/failure: Yes No
No effluent on ground surface: Yes No
Access ports intact: Yes No N/A
No grading/drainage issues: Yes No
All PDN zones operational: Yes No N/A
PDN laterals flushed: Yes No N/A
Saturation in SAS: None ≤50% >50%
Biomat present: None ≤50% >50%

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

PROPERTY TRANSFER (TOS) CASES ONLY Check here if this section is not applicable

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

Municipal sewer is not available: Yes No

All wastewater fixtures are connected to the system: Yes No

If **No**, explain: _____

All clear water sources (footing drain, softener discharge, etc.) are disconnected from the system: Yes No

If **No**, explain: _____

There are no automatic sprinklers on/near system: Yes No

There is no encroachment on disposal area (traffic/parking, buildings, structures, etc.): Yes No

Comments: (List any corrections/repairs made on site. Attach additional pages as necessary.)

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

SIGNATURE

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 Operation and Maintenance Provider, have inspected the wastewater disposal system indicated above. I certify that this inspection was conducted 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

Certification #