

PASSIVE TREATMENT SYSTEM O&M INSPECTION REPORT

3/2007

Inspection Date: _____	Project Name: JB2	
Inspected by: _____	Municipality: Smith Township	
Organization: _____	County: Washington	State: PA
Time Start: _____ End: _____	Project Coordinates: 40° 22' 02" Lat	80° 21' 38" Long
Receiving Stream: Unnamed Tributary	Subwatershed: Raccoon Creek	Watershed: Ohio River

Weather (circle one): Snow Heavy Rain Rain Light Rain Overcast Fair/Sunny **Temp(°F):** ≤32 33-40 41-50 51-60 60+

A. Site Vegetation (Uplands and Associated Slopes)

Overall condition of vegetation on site: 0 1 2 3 4 5 (0=poor, 5=excellent, circle one) (See instructions.)
 Does the site have any areas that need to be stabilized? **Yes / No** If yes, explain maintenance performed or needed:

B. Site Access

Are the access roads and parking areas passable for operation and monitoring? **Yes / No**
 Do the access roads and parking areas need maintenance? **Yes / No**
 Does the split rail fence need maintenance? **Yes / No** Do any of the fence gates need maintenance? **Yes / No**
 Describe maintenance performed and remaining (Identify location on Site Schematic.): _____

C. Wildlife Utilization

Animals sighted or tracks observed _____
 Invasive plants observed _____
 Describe any damage caused to treatment system by wildlife (especially muskrats) and required maintenance:

D. Settling Basin (SB)

Enter effluent pH, temp, alkalinity, flow and other field data as applicable in Section G.
 Is any Maintenance needed? **Yes / No** If Yes, Check which elements of the Pond require maintenance and provide further detail below

Element	√ if need	Maintenance needed
Outlet Spillway		
Effluent Pipe		
Inline Water Control Structure #1		
Access Deck		
Emergency Spillway		
Berms		

Describe Maintenance performed? _____
 Additional comments: _____

E Sloped Limestone Bed (SLB) & Forebay

Enter effluent pH, temp, alkalinity, flow and other field data as applicable in Section G.
 Is any Maintenance needed? **Yes / No** If Yes, Check which elements of the Pond require maintenance and provide further detail below

Element	√ if need	Maintenance needed
Outlet Spillway		
Effluent Pipe		
Inline Water Control Structure #2		
Access Deck		
Berms		
Concrete Blocks		

Describe Maintenance performed? _____
 Additional comments: _____

Was the SLB flushed **Yes / No** Was the SLB backflushed? **Yes / No** Does the SLB need to be flushed or backflushed? **Yes / No**

