PASSIVE TREATMENT SYSTEM O&M INSPECTION REPORT

9/2012

Inspection Date:		Project Name:	McIntire Passive Treatment System
Inspected by:		Municipality:	Marion Township
Organization:		County:	Butler State: PA
Time Start:	End:	Project Coordinates:	41° 10' 9.5'' Lat 79° 54' 28'' Long
Receiving Stream:	Unnamed trib	Subwatershed:	Blacks Creek Watershed: Slippery Rock Creek

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

INSPECTION SUMMARY

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.)

Is any reseeding required? Yes/No If yes, describe area size and identify location on Site Schematic: _____

_____

_____

B. Site Access and Parking

Is the access road & parking area passable for operation and monitoring? Yes/No?
Does the access road & parking area need maintenance? Yes/No?
Describe maintenance performed and remaining (Identify location on Site Schematic.): _____

_____

_____

C. Vandalism and "Housekeeping"

Is there litter around or in the passive system? Yes/No? If Yes, was the litter picked up? Yes/No?
Is there litter that may be considered hazardous or dangerous that requires special disposal? ? Yes/No?
Is there evidence of vandalism to the passive system? Yes/No?
Additional comments: _____

D. Ditches, Channels, Spillways

Channel Identification	Erosion Rills (Y/N)	Debris Present (Y/N)	Maintenance Performed (Y/N)	Maintenance Performed and Remaining (Indicate ditch by number i.e. 2b = AFVFP)
1. Diversion Ditch				
2. Spillways & Channels				
a. TB1				
b. AFVFP				
c. SP				
d. JVFP				
e. Wetland				
f. HFLB1				
g. HFLB2				
h. SB1				

E. Wildlife Utilization

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

F. Passive Treatment System Components

Component	Erosion Rills (Y/N)	Berms Stable (Y/N)	Vegetation Successful (Y/N)	Siltation Significant (Y/N)	Water Level Change (Y/N)	Valves Operable (Y/N)	Maintenance Performed and Remaining Indicate which component i.e. 902-OPC
TB1						*N/A*	
902-OPC						*N/A*	
902-AFVFP							
902-SP						*N/A*	
902-JVFP							
902-WL						*N/A*	
902-HFLB1							
902-HFLB2							
SB1						*N/A*	

Additional Comments (plugged pipes, plugged treatment media, broken pipes, etc:_____

_____

_____

_____

_____

G. VFPs – Use Bucket and Stopwatch method (Indicate no flow by entering "0" in Gallons Measured)

[A maximum of 4 pipes will be discharging for the JVFP. Each discharge pipe has been assigned a number. This pipe can be matched to the as-built using the layer and quadrant #]

902-JVFP				
Pipe #	pH	Alk.	Flow	
			gals.	sec.
1				
2				
3				
4				
Overflow				

Did the Auto-Flushing Vertical Flow Pond (AFVFP) flush while on site? Yes/No?
Was the AFVFP manually flushed? Yes/No?
Is Auto-flusher in flow through mode? Yes/No?
Has the solar power panel and/or control box been damaged? Yes/No?
Was Jennings Vertical Flow Pond (VFP1) flushed? Yes/No?
Are any of the pipes broken? Yes/No? Please identify _____
Additional Comments: _____

_____

_____

H. Field Water Monitoring and Sample Collection - Raw water sample locations as marked on plan. For passive components sample effluent.

☐ - Not monitored

Sampling Point	Flow		pH	Temp (°C)	ORP	Alkalinity (mg/L)	DO (mg/L)	Iron (mg/L)	Comments	Bottle #	Bottle # (total metals)	Bottle # (diss. metals)
	gals	sec.										
MC1 (6" pipe)												
MC2 (12" pipe)												
TB1												
902-OPC												
902-AFVFP												
902-AMD2												
902-SP												
902-JVFP												
902-WL												
902-HFLB1												
902-HFLB2												
RS2												
SB1												