**SUBSURFACE WASTEWATER DISPOSAL SYSTEM MONITORING REPORT FORM**

SYSTEM NAME:      PERMIT NUMBER:

COUNTY: WAKE SYSTEM CLASSIFICATION

NAME & ADDRESS OF ORC: NAME & ADDRESS OF OWNER:

     

     

     

     

CERTIFICATE NUMBER:      ORC NAME:

Instructions: Check yes or no for appropriate items and explain in space provided for comments. If an item is not applicable, indicate by “NA”. If an item is not or cannot be evaluated, indicate by “N” and explain. Note that this form is not totally inclusive for all systems. All maintenance and monitoring items specified in the permit are to be carried out.

COLLECTION SYSTEM: YES / NO YES / NO YES / NO YES / NO YES / NO

Evidence of leaks/blockage ?  /   /   /   /   /

Tank risers accessible and surface

water diverted ?  /   /   /   /   /

Residuals management (provide record

of tank pumping) ?  /   /   /   /   /

PRETREATMENT SYSTEM:

Distribution network intact ?  /   /   /   /   /

Filter surface maintained ?  /   /   /   /   /

Evidence of ponding ?  /   /   /   /   /

Peat filter modules free of damage, accessible,

properly ventilated & free of insects ?  /   /   /   /   /

EFFLUENT DOSING SYSTEM:

Required pumps present & operational ?  /   /   /   /   /

High water alarm operating properly ?  /   /   /   /   /

Floats, valves, etc. in good condition ?  /   /   /   /   /

Control panel & components in good

condition ?  /   /   /   /   /

Effluent appears free of excess solids ?  /   /   /   /   /

Inches of solids(dose tank):

Elapsed time readings pump 1: 1      1      1      1      1

Pump 1: 2      2      2      2      2

Counter readings pump 1: 1      1      1      1      1

Pump 2: 2      2      2      2      2

Siphons cleaned/operating properly:  /   /   /   /   /

DISPOSAL FIELDS:

Evidence of effluent surfacing ?  /   /   /   /   /

Effluent ponding in trenches ?  /   /   /   /   /

Surface water effectively diverted ?  /   /   /   /   /

Diversions/swales properly maintained ?  /   /   /   /   /

Vegetative cover maintained ?  /   /   /   /   /

Protected from unauthorized traffic/use ?  /   /   /   /   /

Distribution devices in good condition ?  /   /   /   /   /

Field free of settled or low areas ?  /   /   /   /   /

PRESSURE DISTRIBUTON SYSTEM:

Turnups/cleanouts/valves intact & accessible ?  /   /   /   /   /

Laterals free of excess solids ?  /   /   /   /   /

Laterals flushed this inspection ?  /   /   /   /   /

Pressure heads properly adjusted ?  /   /   /   /   /

DATE:

INITIAL:

COMMENTS:

      TYPE YES IF DELIVERY/ PRESSURE HEAD EVALUATION SHEET(S) ATTACHED

DATE:

MAIL REPORTS TO THE FOLLOWING ADDRESS AT FREQUENCY SPECIFIED IN PERMIT:

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES

PO BOX 550

RALEIGH, NC 27602

ATTENTION: WASTEWATER MANAGEMENT

LargeSystemMonitoringFormTemplate.dot

BSM 10/5/12