

EVALUATION CRITERIA FOR AERATION, MECHANICAL OR SECONDARY TREATMENT TANKS

703



Gilpin County Public Health Agency

15193 Hwy 119, Black Hawk CO 80422

PHONE: 303-582-5803

This form provides information for certified or licensed inspectors on conducting an inspection of an aeration, mechanical or secondary treatment tank. NOTE: an electric lift or pump station are NOT considered a mechanical system.

MAINTENANCE CONTRACT

Fill out applicable sections. All aeration, mechanical and secondary treatment systems must have an ongoing operation and maintenance contract.

GENERAL TANK COMPONENTS

Lids

Mark **PASS** if the tank is equipped with a close-fitting lid(s) of the same materials as the tank or other durable, weather-resistant material, in good condition and repair, with or without handles. Any other condition must be marked **FAIL**.

Tank Integrity

Mark **PASS** if visible portions of the interior and exterior of the tank are in good repair. The tank materials should not be weathered or seriously cracked, no re-bar can be seen in concrete tanks, caulking materials are in good condition. Any other condition must be marked **FAIL**.

Dosing siphon

Mark **PASS** if the internal or external dosing siphon unit is in place and in good repair. Operation need not be verified to pass inspection. Any other conditions must be marked **FAIL**. If the device was not part of the original tank equipment, mark **NP**.

Internal Tees / baffles

Mark **PASS** if the internal sanitary tees or pre-cast baffles (inlet, outlet and middle) are present and in good repair. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

Effluent Filters / screens

Mark **PASS** if the effluent filter is present, in good repair and was cleaned. Any other conditions must be marked **FAIL**. Older tanks that do not have these devices should be marked **NP**.

AERATION TANKS – if not applicable, check NA

Mechanical systems

Mark **PASS** if the motor is operational and in good repair; the impeller / paddle / blades (if applicable) are operational, free of clogging or debris and in good repair; the aeration blower motor (if applicable) and lines are operational and in good repair; the alarm, control boxes, wiring and tank components (if applicable) are operational and in good repair. Any other conditions must be marked **FAIL**.

SECONDARY TREATMENT UNITS (if not applicable, check NA)

Media condition

Mark **PASS** if the natural or synthetic filter is not significantly clogged, crusted or otherwise obstructed and effluent is not pooled or ponded on the surface of the filter media. The media should not be clumped or channeled, or otherwise allow for short-circuiting. Any other conditions must be marked **FAIL**.

Distribution lines

Mark **PASS** if the distribution lines and fittings in the filter unit are properly set and level, free of debris or other obstructions and discharging properly and evenly. Return lines, if any, are operational. Any other conditions must be marked **FAIL**.

Containment Box

Mark **PASS** if the filter box is provided with close-fitting lid(s) of the same or similar weather-resistant materials and the observable surface of the box is free from cracks or other damage. Any other conditions must be marked **FAIL**.

Controls / Alarms

Mark **PASS** if the control boxes, alarms, wiring and all other appurtenant devices are in good condition and functional, including internet connections for remote monitoring, if present. Any other condition must be marked **FAIL**.

AERATION / ELECTRICAL REPAIRS

Mark **YES** if the aeration or electrical system required any repairs prior to being approved. Otherwise, mark **NO**

GILPIN COUNTY PUBLIC HEALTH AGENCY

FORM
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INSPECTION REPORT FOR AERATION, MECHANICAL AND SECONDARY TREATMENT SYSTEM TANKS AND COMPONENTS

STREET ADDRESS: _____

COMPANY NAME _____ DATE _____

Unless a section has been checked **NA**, **ALL ITEMS** in that section must be completed. Items marked with an asterisk (*) are minimum approval criteria items and if marked **FAIL**, the system cannot qualify for a use permit. **NP** means that this component was not originally present or provided with the system.

OPERATION AND MAINTENANCE CONTRACT

Does this system have an operation and maintenance contract? ☐ YES ☐ NO (FAIL) Date operation and maintenance contract expires: _____

Name of service provider, if not inspector _____

GENERAL TANK COMPONENTS

*Lid(s)	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Tank Integrity	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Dosing siphon	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP
*Internal Tees / baffles	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP
*Effluent Filters / screens	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP

AERATION TANKS

Mechanical systems ☐ PASS ☐ FAIL **NA** ☐

SECONDARY TREATMENT UNITS

NA ☐

*Media condition	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Distribution lines	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Containment Box	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
*Controls / Alarms	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/> NP

AERATION / ELECTRICAL REPAIRS ☐ YES ☐ NO

Signature of Inspector _____

Date _____

NOTE: TO OBTAIN A USE PERMIT THIS REPORT MUST BE FILED WITHIN THIRTY (30) DAYS OF THE INSPECTION DATE SHOWN ABOVE.