



Prevent • Promote • Protect

Environmental Health Division

1675 W. Garden of the Gods Rd., Suite 2044
 Colorado Springs, CO 80907
 (719) 578-3199 *phone*
 (719) 575-8664 *fax*
www.elpasocountyhealth.org

Operation and Maintenance: Additional Component Assessment

O&M additional component service should provide general assessment of all additional components within a system. The intent of the O&M program is to ensure the system remains in a conforming state.

- **Functioning:** Implies the system is functioning in a conforming state as required by the regulations
- **Functioning with concerns:** Implies the system is functioning currently but may require mitigation, through maintenance or service, to ensure the system continues to function as required
- **Malfunctioning:** Implies the component is not functioning in compliance with the regulations and requires repairs to ensure the system is functioning as intended.

PROPERTY INFORMATION			
Site Address:			
ON#:		Date of Inspection:	
Service Provider:			

O&M ADDITIONAL COMPONENTS EVALUATION			
PUMP			
Pump Model:		<input type="checkbox"/> Multi-stage <input type="checkbox"/> Single-Stage	Voltage: <input type="text"/>
Siphon Model:			
Controls:	Type:	<input type="checkbox"/> Piggyback <input type="checkbox"/> Control panel <input type="checkbox"/> Other:	
	Control Switch at time of inspection:	<input type="checkbox"/> Manual (hand) <input type="checkbox"/> Auto <input type="checkbox"/> Off	
Control Panel Readings:			
	Current Reading	Previous Reading	Difference
Elapsed Time Meeting			(min)
Cycles/Event:			(Events)
Water level sensors:	<input type="checkbox"/> Floats <input type="checkbox"/> Pressure transducers <input type="checkbox"/> Ultra sonic <input type="checkbox"/> Other:		
Method to activate pump:	<input type="checkbox"/> Flow test/water added <input type="checkbox"/> Float activated		
Pump Evaluation			
Pump functionality:	<input type="checkbox"/> Functioning <input type="checkbox"/> Functioning with concerns <input type="checkbox"/> Malfunctioning <input type="checkbox"/> N/A		

Water level sensors in good condition:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A
Alarm Evaluation				
Alarm: Audible alarm functioning	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A
Alarm: Visual alarm functioning:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A
Alarm: Located on separate breaker:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A

O&M ADDITIONAL COMPONENTS EVALUATION				
AEROBIC TREATMENT UNIT (ATU)				
Type:	<input type="checkbox"/> Suspended-growth <input type="checkbox"/> Attached-growth <input type="checkbox"/> Sequencing Batch Reactor			
	<input type="checkbox"/> Combination attached/suspended-growth <input type="checkbox"/> Rotating Biological Contactor			
Manufacturer:			Model #:	
Presence of Odor:	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Chemical <input type="checkbox"/> Sour			
	Source if present:			
Components are accessible with lids at grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Venting/Air Supply:	<input type="checkbox"/> Aspirator <input type="checkbox"/> Aerator <input type="checkbox"/> Compressor <input type="checkbox"/> Blower <input type="checkbox"/> Free Air			
	<input type="checkbox"/> Continuous <input type="checkbox"/> Timed (On: Off:)			
Air Filter/screen:	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced			
Aeration Chamber:	Biomat color: <input type="checkbox"/> Brown <input type="checkbox"/> Black		Measurements: pH _____ DO _____.	
Clarification Chamber:	Effluent Screen cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Measurements: pH _____ DO _____	
ATU Evaluation				
Venting/Air Supply functionality:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A

Site Address:		ON:	
----------------------	--	------------	--

Aeration Chamber functionality:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A
Clarification Chamber functionality:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A
Sludge Return functionality:	<input type="checkbox"/> Functioning	<input type="checkbox"/> Functioning with concerns	<input type="checkbox"/> Malfunctioning	<input type="checkbox"/> N/A

Additional Comments:

Site Address:		ON:	
Service Provider Signature:		Date:	