

**JOB CORPS ENVIRONMENTAL HEALTH PROGRAM
INSPECTION OF WASTEWATER TREATMENT FACILITIES**

Center Name _____ Center Director _____

Center Address _____ Year/Quarter (for example, 2008/1 QTR) _____

This inspection report is not required of centers utilizing a state-approved municipal supply. Indicate nature of facilities by checking below all that apply:

<p style="text-align: center;">√</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Septic tank and drainfield 2. <input type="checkbox"/> Oxidation pond or nonaerated lagoon 3. <input type="checkbox"/> Mechanical aerated lagoon 4. <input type="checkbox"/> Evapotranspiration system 5. <input type="checkbox"/> Primary settling 6. <input type="checkbox"/> Trickling filter 	<p style="text-align: center;">√</p> <ol style="list-style-type: none"> 7. <input type="checkbox"/> Activated sludge 8. <input type="checkbox"/> Coagulation - flocculation 9. <input type="checkbox"/> Phosphorous removal 10. <input type="checkbox"/> Filtration 11. <input type="checkbox"/> Disinfection – chlorine or other 12. <input type="checkbox"/> Land treatment 13. <input type="checkbox"/> Other (specify)
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ITEM	WT.	ITEM									
OPERATION											
*14. All units operating satisfactorily (discuss specific violations below)	10	28. Provide the following information. If not available or not measured, please indicate. (This item has zero weight.)									
15. Operator checks facility daily and has necessary certification	7	Extreme and average effluent BOD recorded during the last 3 months.									
16. Equipment in good repair	5	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Minimum</u></td> <td style="text-align: center;"><u>Average</u></td> <td style="text-align: center;"><u>Maximum</u></td> </tr> <tr> <td style="text-align: center;">_____mg/L</td> <td style="text-align: center;">_____mg/L</td> <td style="text-align: center;">_____mg/L</td> </tr> <tr> <td style="text-align: center;">_____Date</td> <td style="text-align: center;">_____Date</td> <td style="text-align: center;">_____Date</td> </tr> </table>	<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>	_____mg/L	_____mg/L	_____mg/L	_____Date	_____Date	_____Date
<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>									
_____mg/L	_____mg/L	_____mg/L									
_____Date	_____Date	_____Date									
*17. All units enclosed by fence	8										
18. Control of weed growth; no sludge deposit or build-up	3	Extreme and average effluent suspended solids recorded during the last 3 months.									
19. Sludge disposed of in approved manner	3	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Minimum</u></td> <td style="text-align: center;"><u>Average</u></td> <td style="text-align: center;"><u>Maximum</u></td> </tr> <tr> <td style="text-align: center;">_____mg/L</td> <td style="text-align: center;">_____mg/L</td> <td style="text-align: center;">_____mg/L</td> </tr> <tr> <td style="text-align: center;">_____Date</td> <td style="text-align: center;">_____Date</td> <td style="text-align: center;">_____Date</td> </tr> </table>	<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>	_____mg/L	_____mg/L	_____mg/L	_____Date	_____Date	_____Date
<u>Minimum</u>	<u>Average</u>	<u>Maximum</u>									
_____mg/L	_____mg/L	_____mg/L									
_____Date	_____Date	_____Date									
20. No insect breeding, odors, or other nuisance	3										
21. Operation logs maintained daily with all chemical usage recorded	5	29. Provide the following information. (This item has no weight.)									
EFFLUENT											
*22. Effluent meets discharge permit standards+	15	a. Name of operator in charge: _____									
23. All effluent parameters measured and recorded as required by discharge permit	7	b. Laboratory or individual conducting effluent testing: _____									
24. Discharge volume recorded daily	5										
25. Effluent disinfected as required	9	c. Permit effluent standards+									
SEPTIC TANKS AND DRAINFIELDS		BOD-									
26. Septic tank cleaned regularly	5	SS-									
*27. Sewage drainfield operating properly with no liquid breaking through to ground surface	15	Coliform-									
		Other-									
SCORE ^a (100 less total weight of violations) _____											

Comments: _____

Items circled above are violations found on this date and must be corrected by next inspection or earlier.

*Critical items requiring immediate corrective action by Center Director.

+Standards for discharge of waste into receiving streams are those determined by state authorities in conjunction with the U.S. Environmental Protection Agency (NPDES permit).

^aA score less than 100 requires follow-up correspondence from the Center Director to the National Office of Job Corps and Regional Office with this inspection report detailing necessary corrective action and proposed schedule for completion.

Inspection Date: _____ Inspected By: _____

Agency or Company: _____

I, the Center Director or designee, have received a copy of this report and understand its contents.

SIGNED _____ TITLE _____

FORWARD SCANNED FORM AND CORRECTIVE ACTION WITHIN 7 DAYS OF INSPECTION TO:

U.S. Department of Labor/Office of Job Corps
E-mail: safety@jobcorps.org

OJC 6-39
June 2008

INSPECTION OF WASTEWATER TREATMENT FACILITIES

1. **Purpose.** The purpose of this form is to provide Job Corps with a quarterly record of the performance and health evaluation of Job Corps centers' wastewater treatment facilities. This report is not required where waste is discharged into municipal type sewers that receive minimum treatment as required by the Environmental Protection Agency.
2. **Originator.** This form is completed by an appropriate representative of an authorized public health agency or another qualified environmental health specialist, other than center-related personnel, selected by the Center Director.
3. **Frequency.** Quarterly by December 31, March 31, June 30, and September 30 and any additional time that conditions may warrant.
4. **Distribution.** This form may or may not be a multi-copy form. The original copy is retained by the center for action purposes. Duplicates of the original should be made and forwarded to (1) the National Office of Job Corps, (2) the Regional Office of Job Corps, (3) agency or contractor operator office, and (4) the contracted inspector, if requested.
5. **General Instructions.** This form consists of two pages—an inspection form and instructions. Each item of the inspection form should be completed by the authorized person performing the inspection.
6. **Detailed Instructions.** Self-explanatory.
7. **Disposition.** Each recipient of this form is to maintain it on file for a period of 3 years, and then destroy.