

AEROBIC FIELD REPORT

Date	<input type="text"/>
Client	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Inspector	<input type="text"/>
Effluent Standards	<input type="text"/>

Reason For Site Visit:

☐ O & M ☐ Commissioning

☐ Testing ☐ Other:

(1) Odor
1) Is there odor around the site? ☐ Yes ☐ No

2) Where is the source of odor?

3) If odor is present, check all that apply: ☐ Mild ☐ Medium ☐ Strong

☐ Musty ☐ Septic
(2) Sludge & Scum Depth Measurements

	Scum	Sludge		Scum	Sludge
Grease Trap (if applicable)	<input type="text"/>	<input type="text"/>	Clarifier # 1	<input type="text"/>	<input type="text"/>
Primary Tank #1(if applicable)	<input type="text"/>	<input type="text"/>	Clarifier # 2 (if applicable)	<input type="text"/>	<input type="text"/>
Primary Tank #2 (if applicable)	<input type="text"/>	<input type="text"/>	Clarifier # 3 (if applicable)	<input type="text"/>	<input type="text"/>
Sludge Digester (if applicable)	<input type="text"/>	<input type="text"/>	Clarifier # 4 (if applicable)	<input type="text"/>	<input type="text"/>
Effluent Tank (if applicable)	<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>	<input type="text"/>

(3) General
1) Any external damage to treatment tank(s) or mechanical equipment? ☐ Yes ☐ No

Provide details in notes section.

2) Hatches, compressor housing(s) and control panels securely locked? ☐ Yes ☐ No

3) Is foam present in any process tanks? ☐ Yes ☐ No

Location of foam & approximate thickness.

4) Air leaks at blower output connections or in manifold piping at tank(s)? ☐ Yes ☐ No

5) Media retaining screen(s) free of debris and scum build up? ☐ Yes ☐ No

If >3" head loss is observed in reactor basin, pump down reactor to visually inspect screen(s). Remove debris as necessary.

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(3) General Continued

Were influent/effluent samples taken for lab analysis? ☐ Yes ☐ No
Please send analytical data to Aquapoint for review

If process control field samples were taken, please provide the following information:		Alkalinity (as CaCO ₃)	<input type="text"/>	pH	<input type="text"/>	Turbidity (NTU)	<input type="text"/>
Sample Locations:	<input type="text"/>	Temperature (F)	<input type="text"/>	DO (mg/l)	<input type="text"/>	NH ₃ -N (mg/l)	<input type="text"/>
		NO ₃ -N (mg/l)	<input type="text"/>	Other:	<input type="text"/>		<input type="text"/>

(4) Blowers

1) Are the blowers operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Record the pressure gauge on the compressor housing. 0.5 bar is equal to 7.25 PSI	Bar <input type="text"/>	PSI <input type="text"/>
3) Record the blower(s) VFD frequency (Hz).	Blower # 1 <input type="text"/>	Blower # 2 <input type="text"/> Blower # 3 <input type="text"/>
4) Record the blower(s) running amperage.	Blower # 1 <input type="text"/>	Blower # 2 <input type="text"/> Blower # 3 <input type="text"/>
5) Record the blower(s) elapsed run time.	Blower # 1 <input type="text"/>	Blower # 2 <input type="text"/> Blower # 3 <input type="text"/>
6) Record the blower(s) discharge temperature (If applicable).	Blower # 1 <input type="text"/>	Blower # 2 <input type="text"/> Blower # 3 <input type="text"/>
7) Record the blower(s) oil level.	Blower # 1 <input type="text"/>	Blower # 2 <input type="text"/> Blower # 3 <input type="text"/>
8) If multiple blowers are installed, indicate how frequently they alternate.	<input type="text"/>	
9) Are the blower cooling fans operational (if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Inspect the air intake filters. Are they clean and free of debris?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check blower O&M Manual for complete operating instructions ie: oil changes, air filter replacement, etc...

(5) MBBR Aerobic Characterization

	Reactor # 1	Reactor # 2	Reactor # 3
1) What is the color of the biofilm on the media? (White, Grey, Grey/Brown, Brown, Red/Brown, Black)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2) Classify the thickness of the biofilm on the media. (1=light, 2=medium, 3= heavy) Inspect while submerged.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) Measure or classify the turbidity of the water in the MBBR. (1=low, 2=medium, 3= high particulate levels)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4) What is the Dissolved Oxygen concentration? Measure at effluent end of reactor basin.	<input type="text"/> mg/l	<input type="text"/> mg/l	<input type="text"/> mg/l
5) What is the water temperature?	<input type="text"/> Deg. C	<input type="text"/> Deg. C	<input type="text"/> Deg. C
6) Basin satisfactorily mixed (media 100% submerged)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Is foam present in the reactor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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(6) Clarifier(s)

- 1) Check and record clarity of water in clarifiers.
Characterize particulate, color, turbidity, etc...

- 2) Is there floating scum on the surface of the water?

If so, manually activate the scum skimmer pump to remove scum.

☐ Yes

☐ No

- 3) Measure sludge depth in all clarifier(s).

Sludge blanket of < 24" should be maintained.

Clrfr #1

Clrfr #2

Clrfr #3

Clrfr #4

- 4) Record the sludge pump or air compressor
amperage. *(Via HMI screen or amp meter).*

Clrfr #1

Clrfr #2

Clrfr #3

Clrfr #4

- 5) Record the sludge pump or air lift compressor timer settings.

Min On

Min Off

- 6) Are the effluent weir plates and troughs clean and level?

If not, clean and adjust weir until overflow is uniform.

☐ Yes

☐ No

(7) Control Panel

- 1) Set pumps, etc to test cycles. Are the timers and contactors operating properly?

☐ Yes

☐ No

- 2) Visually inspect control components for wear and record any problems below.

- 3) Ensure that all components are in "NORMAL" or "AUTO" mode and re-set timer settings
when inspection is complete.

(8) Final Check

☐ Main Power set to "On" and toggle for all pumps set to "Normal" (or "Auto").

☐ Alarm toggle set to the "On" position.

☐ Control panel, covers/hatches and mechanical equipment enclosures locked.

☐ Record daily flow rate or water meter reading (if possible):

(9) Report Summary:

Note: Contact Aquapoint for replacement parts.

Signature: _____