



39 TARKILN PLACE NEW BEDFORD, MA 02745 TEL 508.985.9050 FAX 508.985.9072

AEROBIC FIELD REPORT

Page 1 of 3

Date				Reason For	Site Visit:	
Client				□ O & M	Commissionin	g
Address				Testing	Other:	
City		State				
Inspector						
Effluent Standards						
(1) Odor	1) Is there odor around	d the site?	s No			
	2) Where is the source	e of odor?				
	3) If odor is present, ch	heck all that apply:	☐ Mild ☐ Musty	☐ Medium☐ Septic	☐ Strong	
(2) Sludge &	Scum Depth N	leasuremer	nts			
Grease Trap (if a	oplicable)	Sludge		Clari	Scum fier # 1	Sludge
Primary Tank #1(if a	oplicable)		Claı	rifier # 2 (if appl	icable)	
Primary Tank #2 (if a	oplicable)		Cla	rifier # 3 (if appl	icable)	
Sludge Digester (if a	oplicable)		Cla	rifier # 4 (if appl	icable)	
Effluent Tank (if a	oplicable)		Other:			
(3) General						
1) Any external da Provide details	amage to treatment tank in notes section.	k(s) or mechanical e	equipment?	☐ Yes	No	
2) Hatches, comp	ressor housing(s) and co	ontrol panels secure	ly locked?	Yes	No	
3) Is foam present	t in any process tanks?	Yes	☐ No			
Location of foal	m & approximate thickne	SS.				
4) Air leaks at blov	ver output connections (or in manifold pipir	ng at tank(s)?	Yes	No	
5) Media retaining	screen(s) free of debris	and scum build up	?	Yes	No	
If >3" head loss i	s observed in reactor basi	in, pump down reac	tor to visually i	<u> </u>		essary.



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AEROBIC FIELD REPORT

Page 2 of 3

(3) General Continued

	:/effluent samples taken for lab nalytical data to Aquapoint for re	, , , , ,	☐ No				
If process cor please provid	itrol field samples were taken, e the following information:	Alkalinity (as CaCO ₃)		рН		Turbidity (NTU)	
Sample Locations:		Temperature (F)		DO (mg/l)		NH ₃ -N (mg/l)	
	NO ₃ -N (mg/l)			Othe			
(4) Blov	vers						
1) Are the	e blowers operating properly?			Yes	□No		
2) Record the pressure gauge on the compressor housing. 0.5 bar is equal to 7.25 PSI		Ва	ar	PSI			
3) Record	I the blower(s) VFD frequency (Hz).	Blower #	1	Blower # 2	Blower # 3	
4) Record	I the blower(s) running ampera	ge.	Blower #	1	Blower # 2	Blower # 3	
5) Record	I the blower(s) elapsed run time	<u>.</u>	Blower #	1	Blower # 2	Blower # 3	
6) Record the blower(s) discharge temperature (If applicable).		Blower #	1	Blower # 2	Blower # 3		
7) Record	I the blower(s) oil level.		Blower #	1	Blower # 2	Blower # 3	
	iple blowers are installed, indic Iternate.	ate how frequently					
9) Are the blower cooling fans operational (if applicable)?				Yes	☐ No		
10) Inspe	ct the air intake filters. Are they	clean and free of debri	is?	Yes	☐ No		
	Check blower O&M Manua	l for complete operating	instructions i	e: oil change	s, air filter rep	lacement, etc	

(5) IFAS 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)					
2) Classify the thickness of the biofilm on the media. 1=light, 2=medium, 3= heavy. Inspect while submerged.					
3) Perform a 30 minute settleability test. What is the Mixed Liquor Suspended Solids (MLSS) concentration?	m	g/l	mg/l		mg/l
4) What is the Dissolved Oxygen concentration? Measure at effluent end of reactor basin.	m	g/l	mg/l		mg/l
5) What is the water temperature?	Deg	.с	Deg. C		Deg. C
6) Basin satisfactorily mixed (media 100% submerged)?	☐ Yes ☐	No 🗆	Yes No	☐ Yes	□No
7) Is foam present in the reactor?	☐ Yes ☐	No 🗆	Yes No	☐ Yes	□No



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Page 3 of 3

(6) Clarifier(s)

1) Check and record clari	ty of water in clarifiers.								
Characterize particulat	•								
_	on the surface of the water? The scum skimmer pump to remov	ve scum.	Yes	No					
3) Measure sludge depth Sludge blanket of < 24"		Clrfr #1	Clrfr #2	Clrfr #3	Clrfr #4				
4) Record the sludge pur amperage. (Via HMI Sc		Clrfr #1	Clrfr #2	Clrfr #3	Clrfr #4				
5) Record the sludge pur	mp or air lift compressor timer set	ttings. Min	On	Min Off					
6) Indicate the sludge was of daily flow rate wast	asting frequency and percentage ed.								
•	olates and troughs clean and level weir until overflow is uniform.	1?	☐ Yes	☐ No					
(7) Control Panel									
1) Set pumps, etc to test	cycles. Are the timers and contact	tors operating p	roperly?	☐ Yes ☐ N	0				
2) Visually inspect contro	l components for wear and record	d any problems	below.						
3) Ensure that all compor when inspection is cor	nents are in "NORMAL" or "AUTO" nplete.	mode and re-se	t timer settings						
(8) Final Check	☐ Main Power set to "On" an	ıd toggle for all p	oumps set to "N	ormal" (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 Summa	ary:								
Note: Contact Aquapoint for r	eplacement parts.		Cimunit						

Signature: