



Alternative Treatment System - Inspection Checklist

Service provided on: Date: Time: Permit ON #: Employee:	
1. Type of ATU:	
a. Manufacturer: Model #:	
2. Conditions at the ATU	
a. Evaluate presence of odor within 10 ft of perimeter of system:	
□ None □ Mild □ Strong □ Chemical □ Sour	
b. Source of odor if present:	
c. Was foam/residue observed outside the unit. Yes □ No□	
3. ATU access	
a. Located at grade. Yes □ No □	
If 'No', how deep is tank buried.	
b. Risers on tank. $\overline{\text{Yes}} \square \text{No} \square$	
c. Evidence of infiltration in the risers. Yes \square No \square	
d. Lids securely fastened. Yes \square No \square	
e. Lids in operable condition. Yes □ No □	
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4. Venting/Air supply	
a. Air supply method:	
☐ Aspirator ☐ Compressor ☐ Blower ☐ Free air (go to 4.g)	
b. Operation: ☐ Continuous ☐ Timed (On:min, off:min) c. Air supply unit operating properly. Yes ☐ No ☐	
d. Pressure at air supply unit:psi e. Air flow at air supply unit:psi	
f. Air filter/screen: \square Cleaned \square Replaced	
g. Venting appears operable Yes No	
5. Aeration chamber	
a. Mixing aeration chamber. Yes □ No □	
b. Biomass color in the aeration chamber:	
□ Brown □ Black Other:	
c. Sludge pumping recommended. Yes □ No □	
6. Clarification chamber	
a. Scum layer. Yes □ No □	
If yes, thickness:	
b. Clear zone depth below outlet:	
c. Effluent screen/tertiary filter cleaned. N/A. \(\text{Ves} \) No \(\text{N} \)	