

**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 align="center">√</p> <p>1. <input type="checkbox"/> Septic tank and drainfield</p> <p>2. <input type="checkbox"/> Oxidation pond or nonaerated lagoon</p> <p>3. <input type="checkbox"/> Mechanical aerated lagoon</p> <p>4. <input type="checkbox"/> Evapotranspiration system</p> <p>5. <input type="checkbox"/> Primary settling</p> <p>6. <input type="checkbox"/> Trickling filter</p> | <p align="center">√</p> <p>7. <input type="checkbox"/> Activated sludge</p> <p>8. <input type="checkbox"/> Coagulation - flocculation</p> <p>9. <input type="checkbox"/> Phosphorous removal</p> <p>10. <input type="checkbox"/> Filtration</p> <p>11. <input type="checkbox"/> Disinfection - chlorine or other</p> <p>12. <input type="checkbox"/> Land treatment</p> <p>13. <input type="checkbox"/> Other (specify)</p> |
|--|---|

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.) Extreme and average effluent BOD recorded during the last 3 months. <table border="0" style="width:100%"> <tr> <td align="center"><u>Minimum</u></td> <td align="center"><u>Average</u></td> <td align="center"><u>Maximum</u></td> </tr> <tr> <td align="center">_____mg/L</td> <td align="center">_____mg/L</td> <td align="center">_____mg/L</td> </tr> <tr> <td align="center">_____Date</td> <td align="center">_____Date</td> <td align="center">_____Date</td> </tr> </table> Extreme and average effluent suspended solids recorded during the last 3 months. <table border="0" style="width:100%"> <tr> <td align="center"><u>Minimum</u></td> <td align="center"><u>Average</u></td> <td align="center"><u>Maximum</u></td> </tr> <tr> <td align="center">_____mg/L</td> <td align="center">_____mg/L</td> <td align="center">_____mg/L</td> </tr> <tr> <td align="center">_____Date</td> <td align="center">_____Date</td> <td 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
<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																	
15. Operator checks facility daily and has necessary certification	7																			
16. Equipment in good repair	5																			
*17. All units enclosed by fence	8																			
18. Control of weed growth; no sludge deposit or build-up	3																			
19. Sludge disposed of in approved manner	3																			
20. No insect breeding, odors, or other nuisance	3																			
21. Operation logs maintained daily with all chemical usage recorded	5																			
EFFLUENT																				
*22. Effluent meets discharge permit standards+	15	29. Provide the following information. (This item has no weight.) a. Name of operator in charge: _____ b. Laboratory or individual conducting effluent testing: _____ c. Permit effluent standards+ BOD- SS- Coliform- Other-																		
23. All effluent parameters measured and recorded as required by discharge permit	7																			
24. Discharge volume recorded daily	5																			
25. Effluent disinfected as required	9																			
SEPTIC TANKS AND DRAINFIELDS																				
26. Septic tank cleaned regularly	5																			
*27. Sewage drainfield operating properly with no liquid breaking through to ground surface	15																			
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

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.

OMB Control Number: 1205-0219

Expires: 5/31/2016

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Public reporting burden for this collection of information, which is required to obtain or retain benefits (29 USC 2881), is estimated to average 75 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is for program management and Congressional reporting purposes. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4507, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0219).