

TREATMENT PLANT EVALUATION (WASTEWATER)

Facility Name _____
Address _____
Co-City-Vic _____
Mo/Day/Yr ____/____/____ Time _____
use 24 hr.
Type of Disaster _____

SAP ID #s. _____
Other Reports _____
No. Photos ____ No. Sketches ____
Ref. Dwgs. _____
Est. Damage % _____

Facility Status

SAFETY INSTRUCTIONS: The possibility of toxic gases in confined spaces or of fuel leaks should be recognized as a potential hazard.

CAUTION: The primary purpose of the report is to advise of the condition of the facility for immediate continued use/occupancy. REINSPECTION OF THE FACILITY IS RECOMMENDED. AFTERSHOCKS MAY CAUSE DAMAGE THAT REQUIRES REINSPECTION. The conclusions reached by engineers who re-examine the facility later should take precedence. The assessment team will not render further advice in the event of conflict of engineering recommendations.

A. CONDITION:

Existing: None Recommended: Green Posted at this assessment: Yes
Green Yellow No
Yellow Red
Red

B. RECOMMENDATIONS

Monitor _____ Continue in service _____
Remove from service _____ Check effluent quality/safety _____
Chlorinate and by-pass _____

C. COMMENTS:

Facility Name _____ SAP ID #s _____

- Check:*
- Electrical power (control panel, emergency generator)
 - Telemetry
 - Disinfection process (chemical containers, feeder, piping)
 - Broken pipes, flooding, leaking
 - Chemical feed (spills)
 - Unit Processes

OBSERVATIONS

RAW SEWAGE	_____

SCREENING/GRINDING	_____

INFLUENT PUMPING	_____

GRIT REMOVAL	_____

PRIMARY TREATMENT	_____

SECONDARY TREATMENT	_____

TERTIARY TREATMENT	_____

QUATERNARY TREATMENT	_____

EFFLUENT DISINFECTION	_____

SOLIDS DIGESTION	_____

SOLIDS DEWATERING	_____

SOLIDS DISPOSAL	_____
