

OWM Treatment and Effluent Application Area Operational Inspection for Councils
(Adapted from Designing and Installing On-site Wastewater Management Systems from WaterNSW, 2023a)

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| Site Owner: | | | |
| Address & Lot/ DP: | | | |
| Council reference ID: | | | |
| Inspection date: | | | |
| Treatment system coordinates: | | Effluent application area coordinates: | |
| Who is present on site? | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | <input type="checkbox"/> No one |
| Occupancy type? | <input type="checkbox"/> Owner | <input type="checkbox"/> Tenant | <input type="checkbox"/> Vacant <input type="checkbox"/> Unknown |
| Number of bedrooms: | | Number of residents: | |
| System services? | <input type="checkbox"/> Dwelling | <input type="checkbox"/> Shed | <input type="checkbox"/> Other (specify): |
| Water supply? | <input type="checkbox"/> Tank | <input type="checkbox"/> Reticulated | <input type="checkbox"/> Bore |
| Other OWMS on property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Existing risk category | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low |
| Reassess risk rating? | | | |
| Is there danger to the inspector from people, animals or structural risk? | | | |
| Nearest watercourse (m)? | | Is there localised flood potential? | |
| Treatment system type: | | EAA type: | |
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> AWTS | <input type="checkbox"/> Trench/ bed | <input type="checkbox"/> SI |
| <input type="checkbox"/> Reed bed/ sand filter | <input type="checkbox"/> Composting (wet/ waterless) | <input type="checkbox"/> SSI | <input type="checkbox"/> Mound/ raised bed |
| | | <input type="checkbox"/> LPED | <input type="checkbox"/> Other (specify): |
| Describe: Capacity (L): Material: Manufacturer: Model #: Service (last/ next): | | Describe: System configuration: System dimensions: | |
| Treatment Tank(s) | | | |
| Does treatment system meet approved design? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Access to tank: | | Tank condition: | |
| <input type="checkbox"/> Available | <input type="checkbox"/> Vegetation overgrown | <input type="checkbox"/> Animal risk | <input type="checkbox"/> Locked/ fenced off |
| <input type="checkbox"/> Built over/ covered | | <input type="checkbox"/> Good | <input type="checkbox"/> Gap in lid/ tank |
| | | <input type="checkbox"/> Soil/ water access into tank | <input type="checkbox"/> Tank/ lid cracked/ unsound |
| | | <input type="checkbox"/> Evidence of leaks | |

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| <p>Inside tank:</p> <input type="checkbox"/> Operational | <p>Pipes & pumps (pump wells or irrigation chamber):</p> <input type="checkbox"/> Pipes good |
| <input type="checkbox"/> Wastewater level incorrect operational levels | <input type="checkbox"/> Pipes damaged/ leaking |
| <input type="checkbox"/> T-pieces/ baffle/ chambers missing/ damaged | <input type="checkbox"/> Vent not vermin proof |
| <input type="checkbox"/> Solids need desludging | <input type="checkbox"/> Pump well operational |
| <input type="checkbox"/> Scum/ crust mounded | <input type="checkbox"/> Pump not working |
| <input type="checkbox"/> Outlet filter blocked | <input type="checkbox"/> Alarm not working |
| <input type="checkbox"/> Roots/ foreign objects in tank | <input type="checkbox"/> Filter dirty/ blocked/ missing |
| | <input type="checkbox"/> Filter inappropriate for irrigation |

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| <p>Aeration/ tricking filter:</p> <input type="checkbox"/> Operational | <p>Clarification & disinfection:</p> <input type="checkbox"/> Operational |
| <input type="checkbox"/> Blower not operating/ noisy | <input type="checkbox"/> Sludge return off/ damaged |
| <input type="checkbox"/> Diffusers not operational | <input type="checkbox"/> Effluent quality poor (turbidity) |
| <input type="checkbox"/> Insufficient air (dissolved oxygen) | <input type="checkbox"/> Scum/ sludge present |
| <input type="checkbox"/> Colour/ odour poor | <input type="checkbox"/> Chlorinator not operational |
| <input type="checkbox"/> Fixed media detached/ floating | <input type="checkbox"/> Chlorine tablets empty |
| <input type="checkbox"/> Recirculation pump failed | <input type="checkbox"/> UV not operational |
| <input type="checkbox"/> Sprays not operational | |

Comments:

Reed bed systems

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| <input type="checkbox"/> Operational | <input type="checkbox"/> Overgrown/ dead reeds |
| <input type="checkbox"/> Ponding liquid at surface | <input type="checkbox"/> Leaking pod/ pipes |
| <input type="checkbox"/> Stormwater intrusion | <input type="checkbox"/> Other: |

Comments:

Compost systems

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| <p>Compost toilet:</p> <input type="checkbox"/> Operational | <p>Compost chamber:</p> <input type="checkbox"/> Operational |
| <input type="checkbox"/> CT instruction notice not operational | <input type="checkbox"/> Adequate worm activity (WCS only) |
| <input type="checkbox"/> Ventilation poor | <input type="checkbox"/> Access for humus removal poor |
| <input type="checkbox"/> Exhaust fan not operational | <input type="checkbox"/> Humus pile wet/ smelly |
| <input type="checkbox"/> Suitable bulking agent (carbon source) missing | <input type="checkbox"/> Humus needs removing |
| | <input type="checkbox"/> Drain blocked |

Humus disposal

Suitable areas available and in use

No suitable burial sites available on property

Alternative composting available on property

Comments:

Effluent Application Area (EAA)

| | | | |
|--------------------------------|------------------------------|-----------------------------|----------------------------------|
| Does EAA meet approved design? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|--------------------------------|------------------------------|-----------------------------|----------------------------------|

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| <p>EAA condition:</p> <p><input type="checkbox"/> Well maintained</p> <p><input type="checkbox"/> Vegetation overgrown</p> <p><input type="checkbox"/> Uneven growth (poor distribution)</p> <p><input type="checkbox"/> Stormwater intrusion</p> <p><input type="checkbox"/> Vehicle/ stock damaged</p> <p><input type="checkbox"/> Inspection ports damaged/ flooded</p> <p><input type="checkbox"/> Air release/ flush points operational</p> | <p>Distribution system:</p> <p>Type (specify): _____</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Damaged</p> <p><input type="checkbox"/> Sludge/ soil present</p> <p><input type="checkbox"/> Uneven distribution (blocked outlets/ tilted box/ failed operation)</p> <p><input type="checkbox"/> Stormwater ingress</p> |
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| <p>Access to EAA:</p> <p><input type="checkbox"/> Available</p> <p><input type="checkbox"/> Unknown location/ no wet areas</p> <p><input type="checkbox"/> Vegetation blocking access</p> <p><input type="checkbox"/> Animal risk</p> <p><input type="checkbox"/> Locked/ fenced off</p> | <p>EAA moisture:</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Pooling effluent/ soft wet ground (smell, colour, dye test)</p> <p><input type="checkbox"/> Open pipe disposal (dye test)</p> <p><input type="checkbox"/> Inspection ports damaged/ flooded</p> |
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Comments:

Comments, actions or repairs required: (Where a response in the above Checklist needs extra information or action, specify the action plan and/ or the process to fix the problem, or specify an alternative that is being offered)

Service provider and contact number:

Inspector and contact number:

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| Signature: | Date: |
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