

Waterloo Biofilter® Maintenance Report & Checklist

Homeowner _____

Name: _____

Address: _____

Tel: _____

Maintenance Company _____

Company: _____

Address: _____

Tel: _____

Maintenance Personnel: _____ Date: _____ Time: _____

Disposal Bed:	Yes	No	Problem:	Solution:
1. Surface is free of ponded water?	<input type="checkbox"/>	<input type="checkbox"/>	Water is: Clean <input type="checkbox"/> Septic <input type="checkbox"/>	A.1./A.2.
2. Disposal bed is free-draining?	<input type="checkbox"/>	<input type="checkbox"/>	Water is: Clean <input type="checkbox"/> Septic <input type="checkbox"/>	A.1./A.2.
3. Surface runoff is controlled?	<input type="checkbox"/>	<input type="checkbox"/>	No swales <input type="checkbox"/> Re-graded <input type="checkbox"/>	A.1.
4. SPT: spray height > 60 cm?	<input type="checkbox"/>	<input type="checkbox"/>	Blockage <input type="checkbox"/> Low pressure <input type="checkbox"/>	A.4.
5. All deficiencies fixed?	<input type="checkbox"/>	<input type="checkbox"/>	Date to be fixed: _____	

Waterloo Biofilter®:				
1. Spray nozzles are clear?	<input type="checkbox"/>	<input type="checkbox"/>		B.3.
2. Foam slime build-up is normal?	<input type="checkbox"/>	<input type="checkbox"/>		B.2.
3. Foam discoloration is:	Normal grey <input type="checkbox"/>	Black <input type="checkbox"/>	Brown <input type="checkbox"/>	B.2.
4. Effluent clarity is:	Clear <input type="checkbox"/>	Yellowish <input type="checkbox"/>	White specks <input type="checkbox"/>	Cloudy grey <input type="checkbox"/>
5. Effluent odour:	None <input type="checkbox"/>	Slight ammonia <input type="checkbox"/>	Strong ammonia <input type="checkbox"/>	Septic <input type="checkbox"/>
6. Access is secure and safe?	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If applicable:</i>				
7. Float tree vertical?	<input type="checkbox"/>	<input type="checkbox"/>		C.1.
8. Floats are free-moving?	<input type="checkbox"/>	<input type="checkbox"/>		C.1.
9. Float tethers 2" to 2-1/2"?	<input type="checkbox"/>	<input type="checkbox"/>		C.2.
10. Pump operates normally?	<input type="checkbox"/>	<input type="checkbox"/>		C.3.
11. Floats operate normally?	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	C.4./E.1.
12. All deficiencies fixed?	<input type="checkbox"/>	<input type="checkbox"/>	Date to be fixed: _____	

Pump Tank:				
1. Float tree vertical?	<input type="checkbox"/>	<input type="checkbox"/>		C.1.
2. Floats are free-moving?	<input type="checkbox"/>	<input type="checkbox"/>		C.1.
3. Float tethers 2" to 2-1/2"?	<input type="checkbox"/>	<input type="checkbox"/>		C.2.

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Pump Tank (continued)	Yes	No	Problem:	Solution:
6. Pump operates normally?	<input type="checkbox"/>	<input type="checkbox"/>		C.3.
7. Floats operate normally?	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____	C.4./E.1.
8. Tank lid is sealed properly?	<input type="checkbox"/>	<input type="checkbox"/>		9. All deficiencies fixed?
	<input type="checkbox"/>	<input type="checkbox"/>	Date to be fixed: _____	

Septic Tank

1. Effluent filter seated properly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Homeowner removed <input type="checkbox"/> Other <input type="checkbox"/>	D.2.
2. Effluent filter normal?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Needs replacement <input type="checkbox"/>	D.3./F.2.
3. Effluent filter was cleaned?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
4. Septic tank odour normal?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Putrid odour, dead tank <input type="checkbox"/>	D.1.
5. Fermentation bubbles visible?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		D.1.
6. No paper accumulation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Excess floating paper in tank <input type="checkbox"/>	D.1.
7. Scum & sludge layers normal?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Excess scum <input type="checkbox"/> Excess sludge <input type="checkbox"/>	
8. Tank lid is sealed properly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
9. All deficiencies fixed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Date to be fixed: _____	

Control Panel:

1. Pumps in automatic mode?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
2. Alarm switch at 'normal'?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
3. Timer set correctly?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
4. All deficiencies fixed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Date to be fixed: _____	

If Yes:

Residence / Facility Problems:	Yes		No		Owner Informed?		Fixed?	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Toilet or faucet is leaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bleach pucks in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Detergent with bleach in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Excessive laundry/shower use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Excessive fried food / oil use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations

- Septic tank should be pumped
- Leaky fixture needs repair
- Remove disinfectant or bleach from use; change to non-bleach (regular) detergent
- Inform owner about good laundry, shower, and food habits for septic systems
- Report a non-compliance to the Chief Building Official

Comments

I hereby certify that the above information is true and was obtained in person on the above specified date using the recommended procedures from Waterloo Biofilter Systems Inc.

Signature: _____ Date: _____