

# PASSIVE TREATMENT SYSTEM O&M INSPECTION REPORT

Rev.  
04/2009

Inspection Date: _____	Project Name: <b>BC16 Remediation Project</b>
Inspected by: _____	Municipality: <b>Marion Township</b>
Organization: _____	County: <b>Butler</b> <span style="float: right;">State: <b>PA</b></span>
Time Start: _____ End: _____	Project Coordinates: <b>41° 09' 51" Lat</b> <b>79° 55' 06" Long</b>
Receiving Stream: <b>Tributary #15 ("McIntire" trib.)</b>	Subwatershed: <b>Blacks Creek</b> Watershed: <b>Slippery Rock Creek</b>

**Weather (circle one):** Snow Heavy Rain Rain Light Rain Overcast Fair/Sunny **Temp(°F):** ≤32 33-40 41-50 51-60 60+

Is maintenance required? Yes/No If yes, provide explanation: \_\_\_\_\_

## INSPECTION SUMMARY

### A. Site Vegetation (Uplands and Associated Slopes)

Overall condition of vegetation on site: 0 1 2 3 4 5 (0=poor, 5=excellent, circle one) (See instructions.)

Is any reseeding required? Yes/No If yes, describe area size and identify location on Site Schematic: \_\_\_\_\_

### B. Site Access and Parking

Is the access road passable for operation and monitoring? Yes/No?

Does the access road need maintenance? Yes/No?

Describe maintenance performed and remaining (Identify location on Site Schematic.): \_\_\_\_\_

### C. Vandalism and "Housekeeping"

Is there litter around or in the passive system? ? Yes/No? If Yes, was the litter picked up? Yes/No?

Is there litter that may be considered hazardous or dangerous that requires special disposal? ? Yes/No?

Has the project sign been damaged? ? Yes/No?

Is there evidence of vandalism to the passive system? Yes/No?

Additional comments: \_\_\_\_\_

### D. Ditches, Channels, Spillways

Channel Identification	Erosion Rills (Y/N)	Debris Present (Y/N)	Maintenance Performed (Y/N)	Maintenance Performed and Remaining <small>(Indicate ditch by number i.e. 2a = SP)</small>
1. Diversion Ditch				
2. Rock-Lined Spillways				
a. Settling Pond				
b. Wetland				
c. HFLB				

### E. Passive Treatment System Components

Component	Erosion Rills (Y/N)	Berms Stable (Y/N)	Vegetation Successful (Y/N)	Siltation Significant (Y/N)	Water Level Change (Y/N)	Maintenance Performed and Remaining <small>Indicate which component i.e. SP1</small>
Settling Pond						
Wetland						
HFLB						

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Wildlife Utilization**

Animals sighted or tracks observed \_\_\_\_\_

Invasive plants observed \_\_\_\_\_

Describe any damage caused to treatment system by wildlife (especially muskrats) and required maintenance:

**G. Field Water Monitoring and Sample Collection -**

- Not monitored

Sampling Point	Flow		pH	Temp (°C)	ORP (mV)	Alkalinity (mg/L)	DO (mg/L)	Iron (mg/L)	Comments	Bottle #	Bottle # (total metals)	Bottle # (diss. metals)
	gals	sec.										
BC16A												
903 SP												
903 WL												
903 HFLB												
SB1												
BC4.1												
BC4												
906-42												
BC2												

HFLB weir measurement in feet \_\_\_\_\_ = \_\_\_\_\_ gpm