

Amphidrome™ Inspection Checklist

Wastewater Facility _____ **Location** _____
Day/Date _____ **Operator/Firm** _____

Facility Type: Amphidrome _____ Plus _____ Single _____ Dual _____

Design Parameters: Effluent

Flow _____ kgpd BOD _____ TSS _____ NH3 _____ NO3 _____ Total-N _____

Fecal Coliform _____

Actual Data: (latest lab result) *field results _____ day avg.

Flow _____ **kgpd** **BOD** _____ **TSS** _____ **NH3** _____ **NO3** _____ **Total-N** _____

Fecal Coliform _____

No. of Treatment Cycles/24hrs _____ **24 hr Timer Reset** _____

Cycle Beginning/End times

Train 1-1 _____ 2 _____ 3 _____ 4 _____

Train 2-1 _____ 2 _____ 3 _____ 4 _____

Backwash Cycles-TIC

Train 1-1 _____ 2 _____ 3 _____ 4 _____

Train-2-1 _____ 2 _____ 3 _____ 4 _____

Denite BW Frequency/TIC 1 _____ 2 _____

RETURN CYCLES

Train 1-No. of Return cycles _____ Time after high float _____

Train 2-No. of Return cycles _____ Time after high float _____

Equipment Run Time

TIC _____

PB1 _____ m/d PB2 _____ m/d BWB1 _____ m/d BWB2 _____ m/d

RP1 _____ m/d RP2 _____ m/d BWP1 _____ m/d BWP2 _____ m/d

DFP1 _____ m/d DFP2 _____ m/d DBWP1 _____ m/d DBWP2 _____ m/d

INF Pumps 1 _____ m/d 2 _____ m/d 3 _____ m/d 4 _____ m/d

EFF Pumps 1 _____ m/d 2 _____ m/d 3 _____ m/d 4 _____ m/d

Meth.Pump Amph.#1 _____ m/d Amph#2 _____ m/d Denite _____ m/d

Alk Pump/loc. #1 _____ m/d- _____ #2 _____ m/d- _____ #3 _____ m/d- _____

COUNTERS

No. of Discharges off of High float _____

Amp1BW _____ Amp1FBW _____ Amp2BW _____ Amp2FBW _____ DBW _____ DFBW _____

Equipment OFF-LINE/Reason

- 1.
- 2.
- 3.
- 4.

Anoxic Tank Sludge DOB/water level _____ / _____

