



Instructions to access and use
Virginia Department of Health (VDH)
Operation and Maintenance portal
(My Health Department)

June 2020

v.2.0

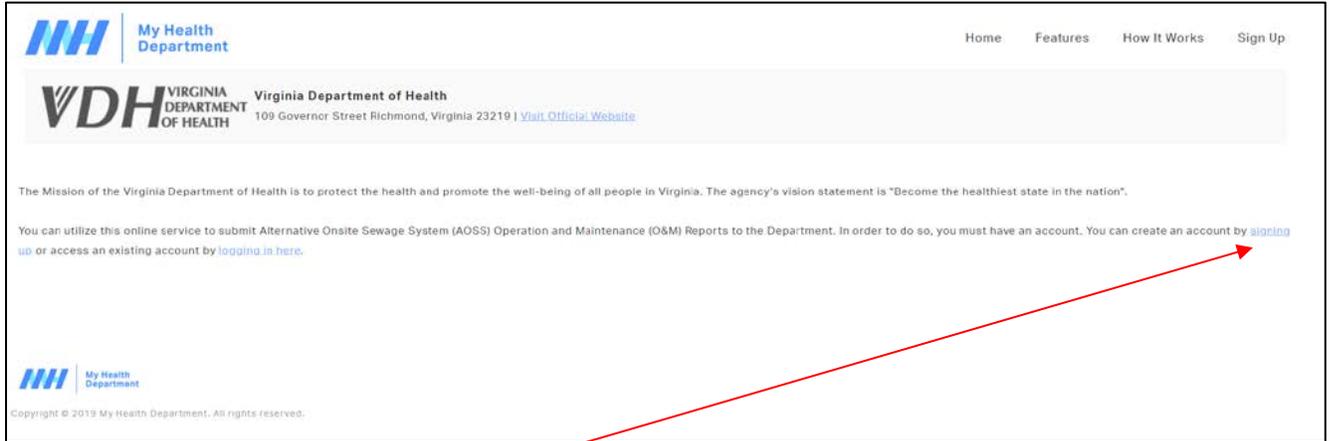
Note: Per user feedback, VDH is working with the software vendor to address several of the requested changes. This document will be updated as needed.

Creating a New VDH MyHD Account

Please only use Chrome browser.

Navigate to the following URL: <https://myhealthdepartment.com/virginia/>

This link is for the My Health Department landing page.



To register a new account click on the “signing up” hyperlink from the Landing page (for returning users, separate instruction is provided below).

Enter your information in the appropriate fields. Note: Only a Master Onsite Sewage System Operator with valid license can submit the Operation and Maintenance (O&M) reports. Please do not use company credentials to create the account. Select the box acknowledging agreement to the "Terms of Use".

Register

Use the form below to create an account with My Health Department. Companies will need to set up individual accounts for each onsite sewage system operator license holder, as this information will be tied to the expiration date of the license. If you already have an account you can [login here](#).

Company Name
Enter a value for C

First Name
Enter a value for F

Last Name
Enter a value for L

Email Address
Enter a value for E

Cell Number
Enter a value for C

Operator License Number
Enter a value for O

Password
Enter a value for P

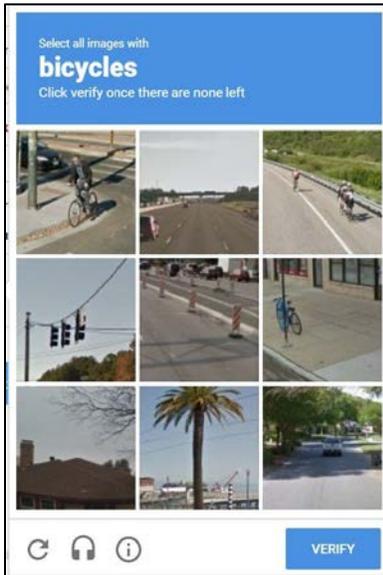
I agree to [Terms of Use](#).

Confirm You're a Real Person

I'm not a robot 
reCAPTCHA
Privacy - Terms

Select the box acknowledging agreement to the "Terms of Use".

“Confirm You’re a Real Person” by selecting the box next to ‘I’m not a robot’ and completing the required tasks. For instance, you would select the squares that contain images of bicycles.



Upon proper completion the confirmation box appears confirming you are not a robot.



You will be taken to the welcome page and should see your name confirming you logged into your account.



*****IMPORTANT READ ME*****

Creation of “My Health Department” account alone does not allow for submission of reports through “My Health Department” website.

VDH staff must verify “My Health Department” accounts are in use by operators with an unexpired Master Conventional Onsite Sewage System Operator or Master Alternative Onsite Sewage System Operator license on file with the Virginia Department of Professional and Occupational Regulation (DPOR).

After creation of a “My Health Department” account, operators must send an email with their license information to VDH staff at the following email address:

ehdministrators@vdh.virginia.gov

To ensure your account is processed in a timely manner, please ensure all of the following information is included in your email **and if possible a picture of your license:**

- Your first and last name as it appears on your Master Conventional Onsite Sewage System Operator or Master Alternative Sewage System Operator license.
- The license number of your Master Conventional Onsite Sewage System Operator or Master Alternative Onsite Sewage System Operator license.
- The name of the organization you work for.
- The email address used to create your “My Health Department” user account (See the instructions for creating an account above)

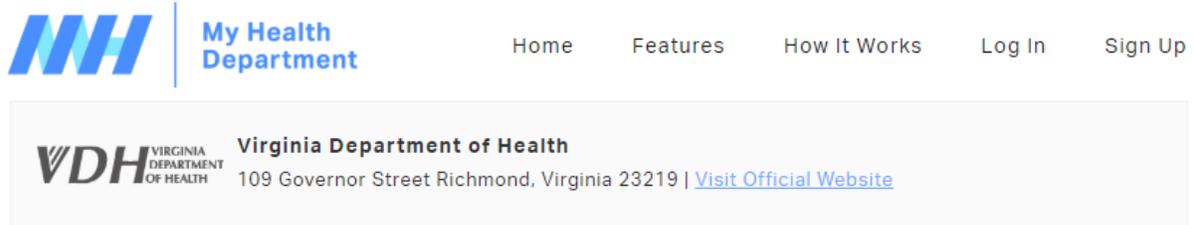
Once VDH staff receives your information they will verify records with DPOR and then grant access to your “My Health Department” account to submit O&M reports. This process may take between 24-48 hours. If you have renewed your license since the creation of the account, please contact ehdministrators@vdh.virginia.gov to update VDH records.

VDH staff will then send an email to the address the operator provides to confirm their account has been granted access to submit reports.

If you are still unable to submit reports 48 hours after receiving the confirmation email, contact VDH at ehdministrators@vdh.virginia.gov to request assistance.

Logging into an existing VDH MyHD Account

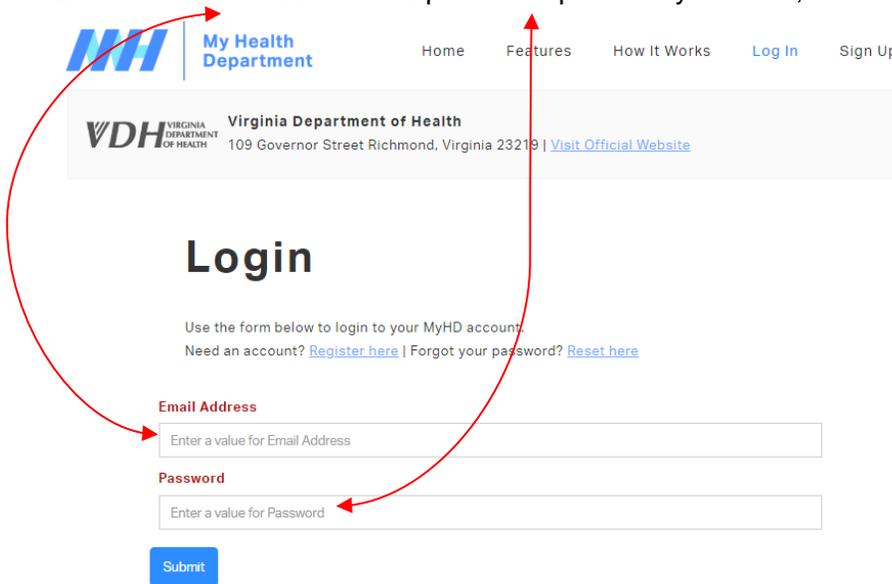
Navigate to the Landing screen <https://myhealthdepartment.com/virginia/>



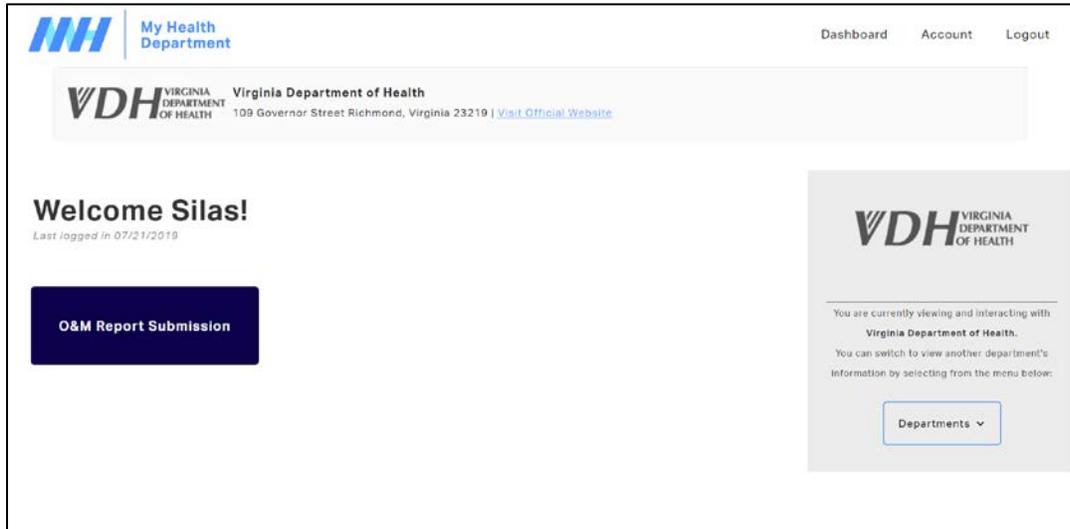
The Mission of the Virginia Department of Health is to protect the health and promote the well-being of all people in Virginia. The agency's vision statement is "Become the healthiest state in the nation".

You can utilize this online service to submit Alternative Onsite Sewage System (AOSS) Operation and Maintenance (O&M) Reports to the Department. In order to do so, you must have an account. You can create an account by [signing up](#) or access an existing account by [logging in here](#).

From the Landing screen, click the [logging in here](#) hyperlink. Enter the email address and password previously created, and select "Submit".

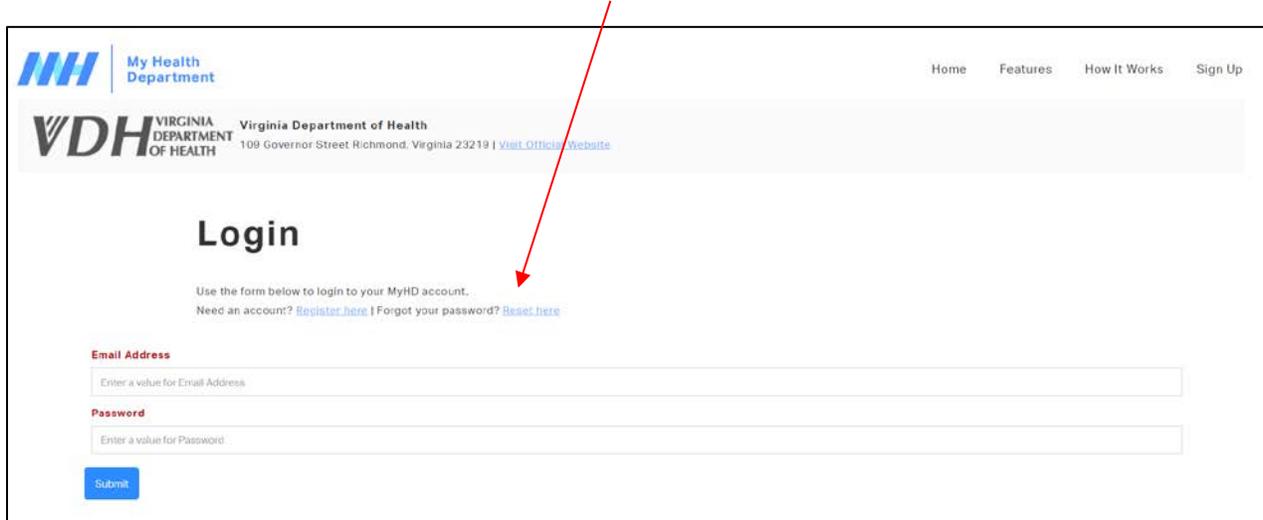


You will be taken to the welcome page and should see your name confirming you logged into your account.



Password Reset

In the event you forget your password select "[Reset here](#)" and follow the instructions to reset your password.

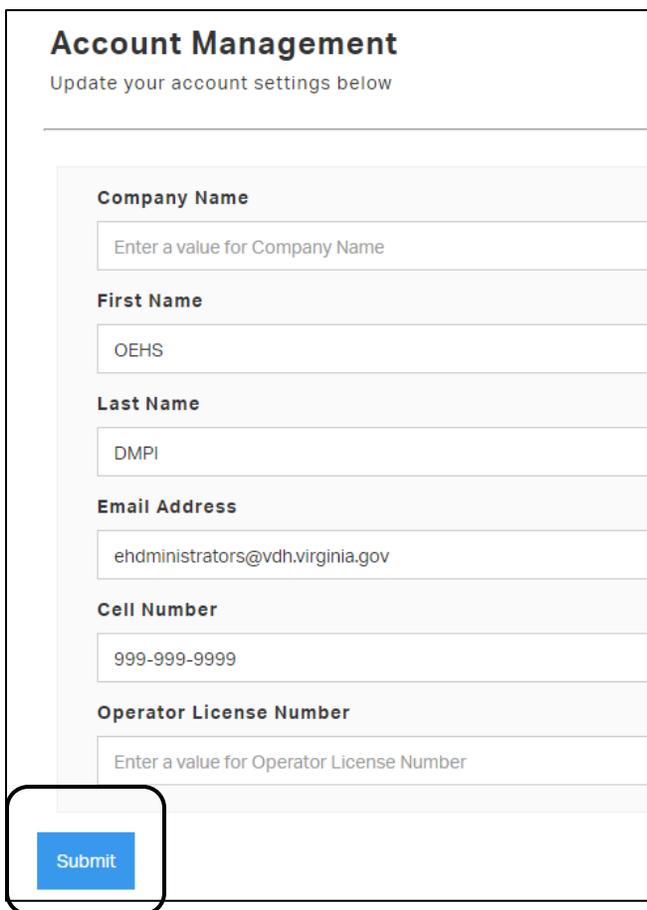


Updating Account Information

If you need to update any of the information associated with your O&M portal account, click the “Account” link in the top right corner of the page.



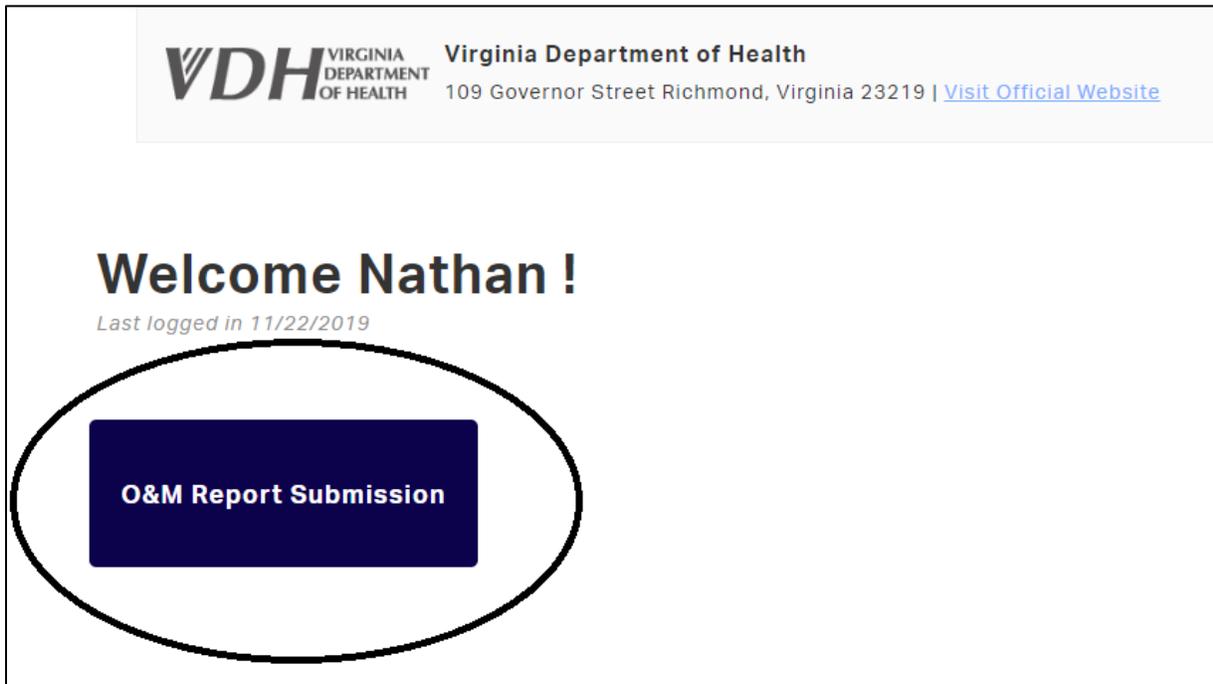
Enter any updated information into the appropriate fields, then click Submit.

A screenshot of the 'Account Management' form. The title 'Account Management' is at the top left, followed by the instruction 'Update your account settings below'. The form contains several input fields, each with a label above it: 'Company Name' (with placeholder text 'Enter a value for Company Name'), 'First Name' (with the value 'OEHS'), 'Last Name' (with the value 'DMPI'), 'Email Address' (with the value 'ehdministrators@vdh.virginia.gov'), 'Cell Number' (with the value '999-999-9999'), and 'Operator License Number' (with placeholder text 'Enter a value for Operator License Number'). At the bottom left of the form, there is a blue 'Submit' button, which is highlighted with a black rounded rectangular border.

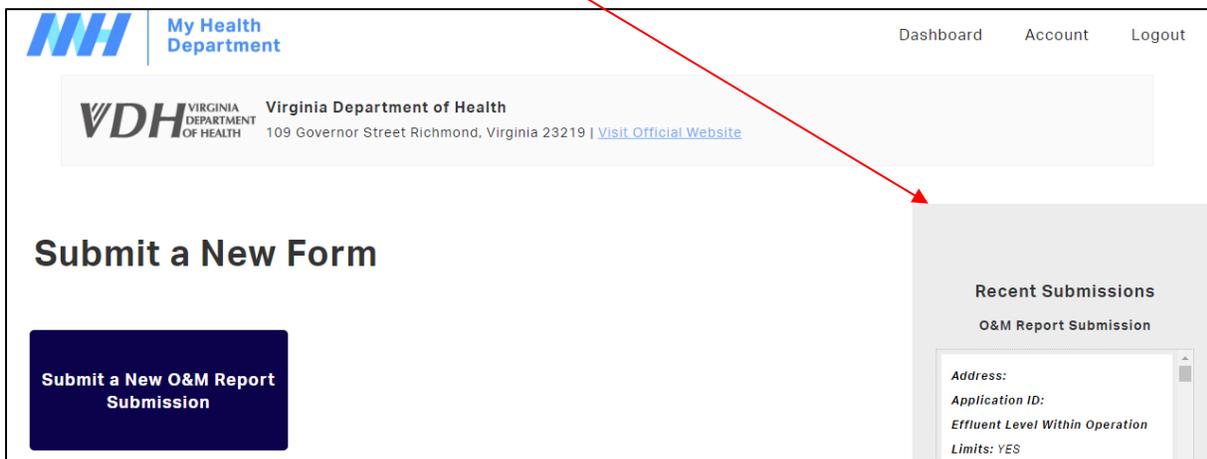
Submit a New Report

*******PLEASE READ*****:** MyHD website has a 30 minute timeout that will log you out if you are inactive for 30 minutes. Operators are advised against starting report submission and then walking away.

From the welcome page, click the O&M Report Submission button to navigate to the report submission page.



In the Report Submission page you are able to view your Recent Submissions (if any exist) displayed in the right side panel.



Click the “Submit a New O&M Report Submission” button to submit a report.

If you click the “Submit a New O&M Report Submission” and receive the error below, your license may have expired or there is a problem with your account. Please follow the instructions on the screen to contact VDH for assistance.

Your certification is either invalid or expired.

For further information, please contact VDH Office of Environmental Health Services at EHDadministrators@vdh.virginia.gov (preferred) or via phone 804-864-7473.

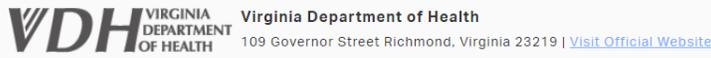
*******READ ME*******

Operators have two options for entering O&M report data through the My Health Department portal:

- **Operators can utilize the “Enter Records Directly” interface designed to give a user-friendly experience for doing manual data entry.**
- **Alternatively, operators can utilize the “Data Wizard” for an interface designed to efficiently share digital O&M data.**

Entering Records Directly

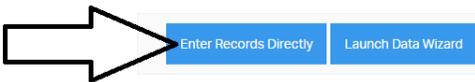
Select "Enter Records Directly" to start the process of entering reports.



O&M Report Submission

Utilize the "Data Wizard" below to enter your information either by entering each report separately on the interface. Once complete, it will ask you to verify the information before submitting it. Once you have verified all the information is complete and accurate, the "Data Wizard" will close and you will need to click "Submit" below to submit your reports.

NOTE: No information is saved or submitted to the Department until you click "Submit" below. You must also use the reCAPTCHA utility below to verify you are not a bot before clicking "Submit". This is done to prevent fraudulent or spam information from being submitted.



Utilize the data entry fields to enter data for your first O&M report.

Enter Records Directly Launch Data Wizard

System Location Information

Bldg Number <input type="text" value="21"/>	Street Name <input type="text" value="VDH Street"/>
Suite / Apt <input type="text" value="Enter a value for Suite / Apt"/>	City <input type="text" value="Richmond"/>
Physical County <div style="border: 1px solid #ccc; padding: 2px;"><p>Select an Option</p><ul style="list-style-type: none">PatrickPetersburgPittsylvaniaPoquosonPortsmouthPowhatanPrince EdwardPrince GeorgePrince WilliamPulaskiRadfordRappahannockRichmondRichmond CityRoanokeRoanoke CityRockbridgeRockinghamRussellSalem</div>	Tax Map / GPIN <input type="text" value="Enter a value for Tax Map / GPIN"/>
Enter a value for Suffix <input type="text"/>	Company Name <input type="text" value="Enter a value for Company Name"/>
	First Name <input type="text" value="Enter a value for First Name"/>
	Last Name <input type="text" value="Enter a value for Last Name"/>
	Email Address <input type="text" value="Enter a value for Email Address"/>

The “Physical County” is a critically important field. Your response in this field determines which Local Health District receives your submission. If your report data is sent to the wrong health district, your report will not be approved and you will need to submit your report again using the correct Physical County.

Fields with Red text are required. Operators must enter data into these fields for the system to accept their submission.

Conclusion

Laboratory/Formal Sample Results within Permitted Limits

Select an Option

Certification of Inspection and Results

I hereby certify

Select an Option

Once you have entered all relevant data and reviewed it for accuracy, you can click the “Save and Add Another” button at the bottom of the page to begin submitting another report.

Certification of Inspection and Results

I hereby certify

Select an Option

Date

06/11/2020

Time

12:00 AM

File Uploads

File

Choose File No file chosen

Upload one or more files above

Save and Add Another Save and Review

Utilize the data entry fields to enter data for your subsequent O&M reports. Operators can continue to use the “Save and Add another” button to upload as many reports as they wish.

To save the report you are currently working on and move to the Review/Payment steps, click the “Save and Review” button

Certification of Inspection and Results

I hereby certify Date

Select an Option 06/11/2020

Time

12:00 AM

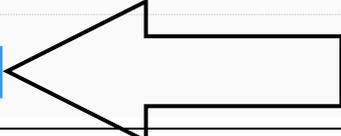
File Uploads

File

Choose File No file chosen

Upload one or more files above

Save and Add Another Save and Review



If you instead wish to move to the Review/Payment step without saving the report data on the current page, you can click the “Continue to Review” page.

File Uploads

File

Choose File No file chosen

Upload one or more files above

Save and Add Another Save and Review

Bldg Number: 123 Street Name/PO Box: Main Street Suite / Apt: City: Richmond

Continue to Review



You will be taken to a page where you can review all of the reports you plan to submit to the VDH.

Enter Records Directly Launch Data Wizard

Bldg Number: 18	Street Name: Davis Street	Suite / Apt:	City: Columbia	Physical County: Testing
Tax Map / GPIN:	Contractor ID: 15603213151321	Company Name: Nathan's Soil Consulting company		
License Number: 5000420	First Name: Nathan	Middle Name:	Last Name: McCrea	Suffix: Email Address:
Building Number: 1000	Street Name: Governor Street	Suite / Apt:	City: Richmond	State: VA Zip: 23235
County: Richmond City	Phone:	Owner Name: Jim bob	Owner Phone: (717) 263-5165	
Owner Building Number: 18	Owner Street Name / PO Box: Davis Street		Owner Suite / Apt:	
Owner City: Columbia	Owner State: VA	Owner Zip:	Number of Tanks: 1	Tank Capacity: 20
Treatment Unit 1: Test	Treatment Unit 2: Test	Conveyance: Test	Distribution: Test	Dispersal: Test
Disinfection: Test	Visit Date: 05/06/2020	Visit Time: 12:00 PM	Visit Purpose: RoutineScheduled	
Actual/Estimated Flow (gpd): 3	Maintenance Needed: Attached Growth Medium, Auxiliary Filter			
Maintenance Provided: Attached Growth Medium, Auxiliary Filter				Effluent Screen Cleaned: YES

1 records ready to upload

Note that your information has not been submitted yet.

Please click "Submit" below to finalize and complete your submission.

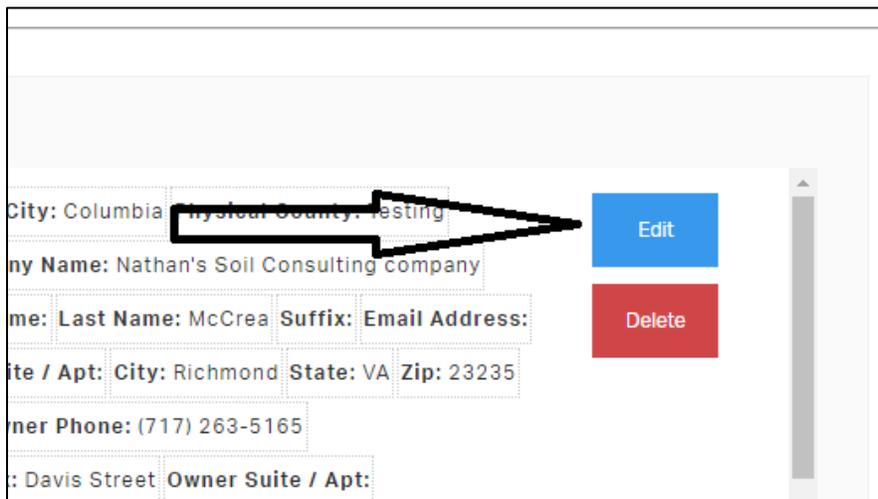
Use this page to quickly double check the accuracy and completeness of the reports you entered.

*******READ ME*******

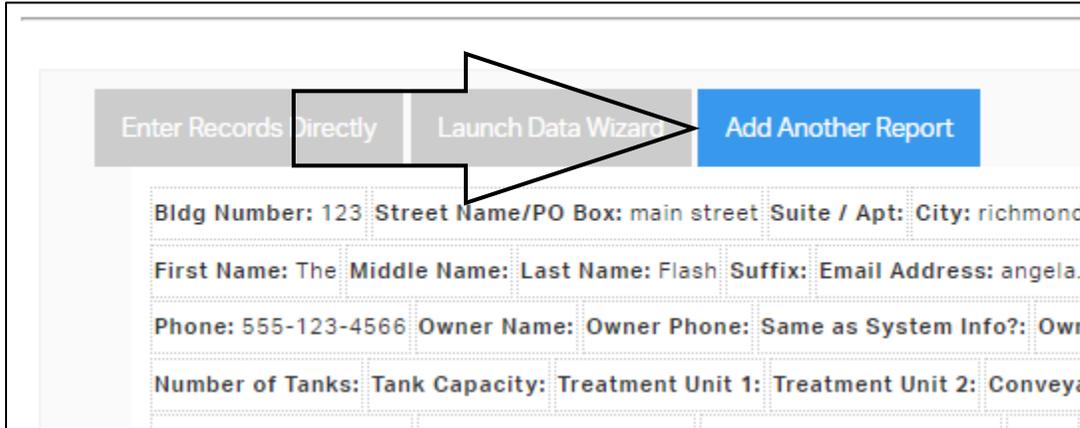
Do not use the “Back” button in your browser to navigate back and forth through reports you have entered. If you need to check a previous record for accuracy use the review page. If you need to change a record click the “Edit” button in the review page

Furthermore, MyHD website has a 30-minute timeout that will log you out if you are inactive for 30 minutes. Operators are advised against starting report submission and then walking away.

If you find a mistake in one of your reports, click the “Edit” button next to the report on the review page to go back to the data entry page and update your report.

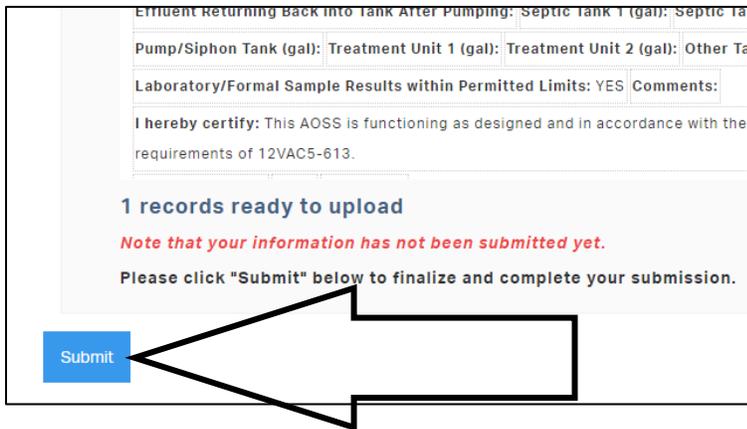


If you need to add another report, click the “Add Another Report” button to go back to the data entry page. As a reminder, do not use the “Back” button on your browser.



The screenshot shows a data entry form with a navigation bar at the top. The navigation bar contains three buttons: "Enter Records Directly", "Launch Data Wizard", and "Add Another Report". The "Add Another Report" button is highlighted in blue and has a large white arrow pointing to it from the left. Below the navigation bar, the form contains several input fields with labels: "Bldg Number: 123", "Street Name/PO Box: main street", "Suite / Apt:", "City: richmond", "First Name: The", "Middle Name:", "Last Name: Flash", "Suffix:", "Email Address: angela.", "Phone: 555-123-4566", "Owner Name:", "Owner Phone:", "Same as System Info?: Own", "Number of Tanks:", "Tank Capacity:", "Treatment Unit 1:", "Treatment Unit 2:", and "Conveya".

Once you are satisfied your data has been entered correctly, click the “Submit” button to submit the report(s) in one batch.



The screenshot shows a submission confirmation screen. At the top, there are several input fields with labels: "Effluent Returning Back into Tank After Pumping:", "Septic Tank 1 (gal):", "Septic Tank 2 (gal):", "Pump/Siphon Tank (gal):", "Treatment Unit 1 (gal):", "Treatment Unit 2 (gal):", and "Other Tank (gal):". Below these fields, there is a "Laboratory/Formal Sample Results within Permitted Limits: YES" checkbox and a "Comments:" field. A certification statement reads: "I hereby certify: This AOSS is functioning as designed and in accordance with the requirements of 12VAC5-613." Below the certification, it says "1 records ready to upload" and "Note that your information has not been submitted yet." followed by "Please click 'Submit' below to finalize and complete your submission." At the bottom left, there is a blue "Submit" button with a large white arrow pointing to it from the right.

At this point your records will have been submitted to VDH, but not paid for. You will be taken to the payment screen to enter your payment information. Scroll down this document to the **Payment** section for instructions on how to pay for submitted reports (or click [HERE](#) to jump directly to the Payment details section).

*****Unpaid reports will not be approved by VDH staff*****

- Enter the information in all of the relevant columns to the best of your abilities.
- The columns labeled “Physical County,” “Laboratory/Formal Sample Results within Permitted Limits,” and “I hereby certify” are required columns and every report (row) must contain data in these columns for the report to be submitted.
- There are multiple columns for entering data related to “Maintenance Needed” and “Maintenance Provided.” Use one column for each type of maintenance activity needed and/or provided at the site.
- For descriptions of data entry fields, consult Attachment A at the end of this document.
- Please submit laboratory reports to local health district staff via email attachment, do not submit laboratory reports to ehdadministrators@vdh.virginia.gov.

Once you have entered the data for all of the reports you plan to submit click the “Continue” button on the right bottom corner of the data wizard.

Bulk add 1 O&M Report Submission

Only show rows with problems Show modifications

	Maintenance Provided (1)	Maintenance Provided (2)	Maintenance Provided (3)	Maintenance Provided (4)	Maintenance Provided (5)	Maintenance Provided (6)	Maintenance Provided (7)	Mainten
1	Attached Growth Medium	Auxiliary Filter	Blower/Compressor/Aerator Open	Control Operation	Disinfection			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Clear data Continue

If data has been entered incompletely in certain data fields you will be asked to address the problems with the report data entered.

The system will display the number of record(s) to be uploaded. Click the "Submit" button to submit your report.

O&M Report Submission

Utilize the Direct Entry or Data Wizard below to enter your data either by entering each report separately on the interface. Once complete, it will ask you to verify the information before submitting it. Once you have verified all the information is complete and accurate, the "Data Wizard" will close and you will need to click "Submit" below to submit your reports.

Enter Records DirectlyLaunch Data Wizard

1 records ready to upload

Note that your information has not been submitted yet.

Please click "Submit" below to finalize and complete your submission.

Submit

At this point your records will have been submitted to VDH, but not paid for. You will be taken to the payment screen to enter your payment information. Scroll down this document to the **Payment** section for instructions on how to pay for submitted reports (or click [HERE](#) to jump directly to the Payment details section).

*****Unpaid reports will not be approved by VDH staff*****

A confirmation e-mail will be sent to the email registered to your portal account.

From: My Health Department Support <myhealthdepartment@hscloudsuite.com>
Date: Thursday, January 16 2020 at 1:07 AM EST
Subject: O&M Report Submission Confirmation
To: sayinghi <sayhi@hscloudsuite.com>

Hi Shay,

Your report(s) has (have) been received and is (are) pending review by VDH staff.

This is an auto-generated email. Do not reply to this email.

If you do not receive this email notification, please contact ehdadministrators@vdh.virginia.gov

Payment

Once the reports have been submitted the system will request payment. Please enter the requested information.

Virginia.gov
VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Payment

Credit Card Information

Total Charge Amount *	<input type="text" value="1.00"/>
Credit Card Number *	<input type="text"/>
Card Types	<input type="checkbox"/> VISA <input type="checkbox"/>
Card Security Code ⓘ *	<input type="text"/>
Expiration Date(MMYY) *	<input type="text"/>

Billing Information

Billing Information

Owner Name	<input type="text"/>
Company	<input type="text"/>
First Name *	<input type="text" value="Just"/>
Last Name *	<input type="text" value="Saying Hi"/>
E-mail *	<input type="text" value="just_hi@gmail.com"/>
Address1 *	<input type="text" value="986 Block Party"/>
Address2	<input type="text"/>
City *	<input type="text" value="Prince William"/>
State *	<input type="text" value="Virginia"/>
Zip *	<input type="text" value="32912"/>
Telephone	<input type="text"/>

CONTINUE

Click “Continue”, and you will be able to review the information entered. If any errors need to be corrected, click “Edit”, otherwise click “Submit”.

Payment Summary

Billing Address

Name :	Just Saying Hi
Address :	986 Block Party Prince William, VA 32912
Email :	just_hi@gmail.com
Telephone :	

Credit Card Information

Card Type :	
Credit Card Number :9990
Card Security Code :	123
Expiration Date :	0120
Total Charge Amount :	\$1.00

EDIT
SUBMIT

Congratulations you've successfully submitted the report and payment!!!

You will also receive two confirmation emails regarding your payment.

Online Payment Confirmation Inbox x

va.support@cyberdatainc.com 11:05 AM (1 hour ago)

to me ▾

Thank you for your payment.

If you have any questions about your payment, please contact VDH Office of Environmental Health Services at EHDministrators@vdh.virginia.gov (preferred) or via phone 804-864-7473. Please include the following information about the transaction in your correspondence to VDH: transaction ID, date of transaction, name and full address (including the zip code) of the septic system serviced, and your contact details.

And

Order Confirmation Inbox x

DEPT OF HEALTH OFFICE OF EHS <noreply@elavon.com> 11:05 AM (1 hour ago)

to me ▾

Order Results

Profile Name:	DEPT OF HEALTH OFFICE OF EHS
Transaction ID:	050520AC0-8CF89777-32A2-4EA8-8E2C-AF233AC9D54D
Date/Time:	05/05/2020 11:05:24 AM
Transaction Type:	SALE
Approval Message:	APPROVAL
Approval Code:	05734C
ECI:	

Order Section

If you do not receive these two email notifications, please contact ehdministrators@vdh.virginia.gov

Paying for previously submitted reports

If you previously submitted reports but didn't pay for them, you can pay for them on a later date through the MyHD website.

Log in to the MyHD website and click the dashboard button at the top of the page.



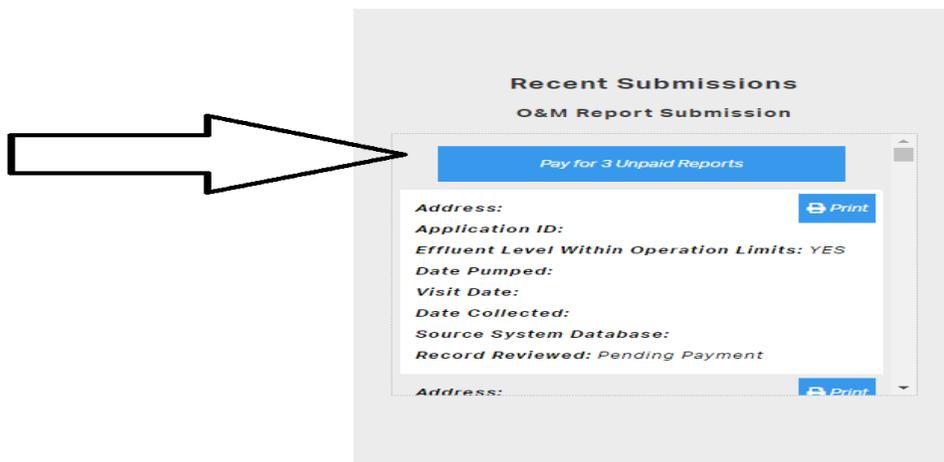
Click the "O&M Report Submission" button.

Welcome Nathan !

Last logged in 11/22/2019



If you have unpaid reports, you will see an option to pay for them in the "Recent Submissions" panel on the right side of the screen. Reports submitted together are grouped in batches.



Click that button to be taken to a payment screen where you can submit payments for the batch of reports. Follow instructions above to enter payment information.

Printing Reports

If you wish to print a copy of an O&M submission, you can do so through the MyHD website.

Log in to the MyHD website and click the dashboard button at the top of the page.



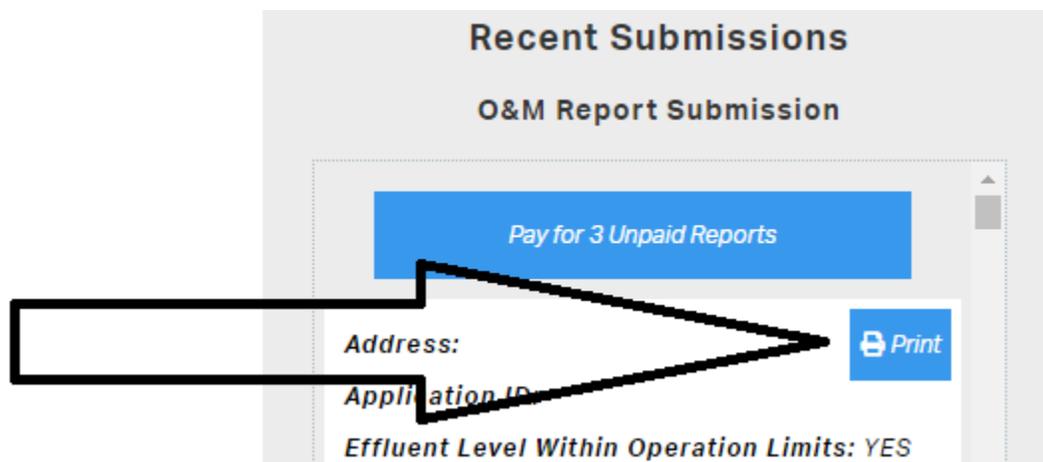
Click the "O&M Report Submission" button

Welcome Nathan !

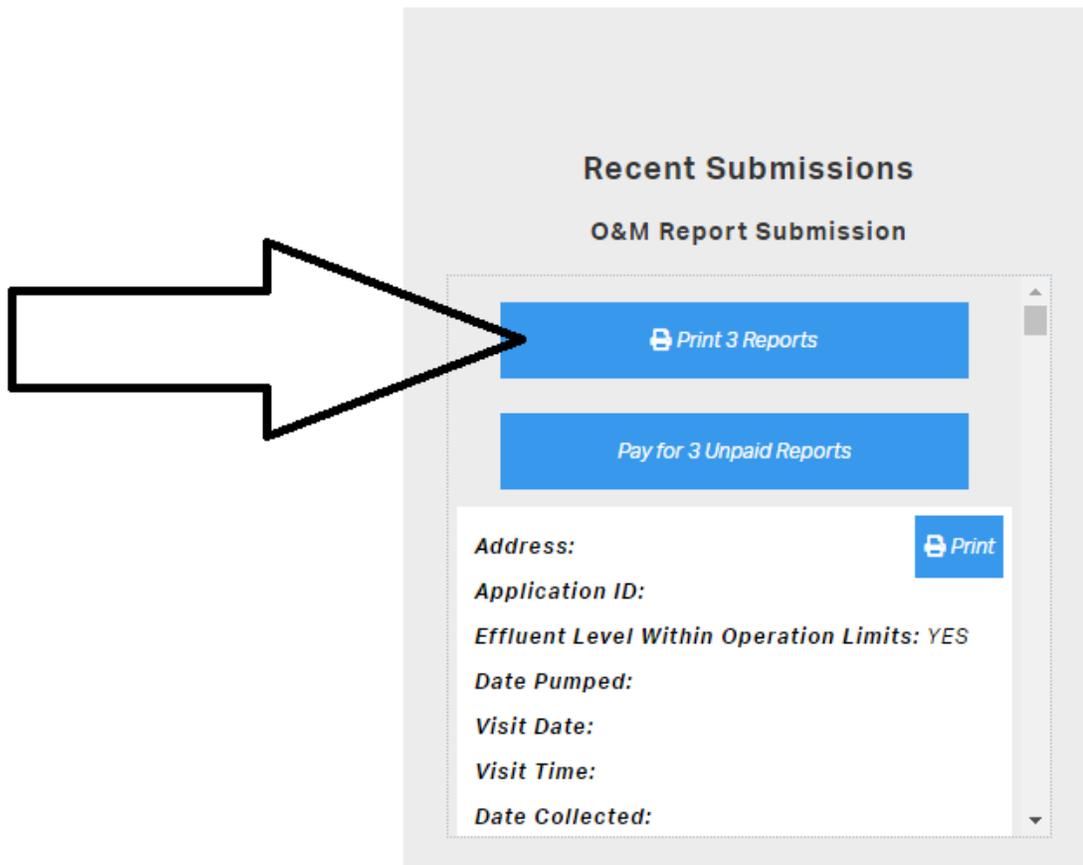
Last logged in 11/22/2019



On the right side of the page you will see a list of all the reports you have previously submitted. Reports submitted together are grouped in batches. Click the print button next to a report to generate a copy that you can print and/or save



Alternatively, you can also simultaneously print all of the reports submitted in one batch by clicking the "Print x Reports" button.



Attachment A: Descriptions of data entry fields for VDH O&M portal

Field Heading	Field Name	Field Description	Type of Field	Field options
System Location Info	Bldg Number	Building number of the physical address of the onsite sewage system	Open Text	Custom Text
	Street Name/PO Box	Street name of the physical address of the onsite sewage system	Open Text	Custom Text
	Suite/Apt	Suite number of the physical address of the onsite sewage system	Open Text	Custom Text
	City	City or Town where the onsite sewage system is located	Open Text	Custom Text
	Physical County	County where the onsite sewage system is located [REQUIRED field]	Drop Down	List of VA counties
	Tax Map/GPIN	Enter any other legal description or property identifier, such as GPIN or Tax Map number.	Open Text	Custom Text
Operator Information	Operator ID	Enter the identification number for onsite sewage contractor.	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Company Name	The name of company/business the onsite sewage contractor works under.	Open Text	Custom Text
	License Number	What is the DPOR license number of the properly licensed operator?	Open Text	Custom Text
	First Name	Licensed Operator's First Name, as it appears on DPOR license	Open Text	Custom Text
	Middle Name	Licensed Operator's Middle Name, as it appears on DPOR license	Open Text	Custom Text
	Last Name	Licensed Operator's Last Name, as it appears on DPOR license	Open Text	Custom Text
	Suffix	Licensed Operator's Suffix	Open Text	Custom Text
	Email Address	Onsite sewage contractor's email address (same as the email used to create the portal account)	Open Text	Custom Text
	Building Number	Building Number of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Street Name/PO Box	Street Name of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Suite/Apt	Suite Number of Licensed Operator's / Company's mailing address (if applicable)	Open Text	Custom Text
	City	City or Town of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	State	State of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	Zip	5-digit Zip Code of Licensed Operator's / Company's mailing address	Open Text	Custom Text
	County	County of Licensed Operator's / Company's mailing address	Open Text	Custom Text
Phone	Licensed Operator's / Company's 7-digit phone number	Open Text	Custom Text	
Owner Information	Owner Name	Property owner's name (Last, First MI)	Open Text	Custom Text
	Owner Phone	Property owner's 10-digit phone number	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Same as System Info?	Yes or No to auto-populate the Owner Information data from System Location Information	Drop Down	Yes, No
	Owner Building Number	Building number of the property owner's mailing address	Open Text	Custom Text
	Owner Street Name/PO Box	Street name of the property owner's mailing address	Open Text	Custom Text
	Owner Suite/Apt	Suite number of the property owner's mailing address (if applicable)	Open Text	Custom Text
	Owner City	City of the property owner's mailing address	Open Text	Custom Text
	Owner State	State of the property owner's mailing address	Open Text	Custom Text
	Owner Zip	5-digit zip code of the property owner's mailing address	Open Text	Custom Text
Tank Information	Number of Tanks	Number of septic tanks included in the onsite sewage system (prior to treatment unit)	Open Text	Custom Text
	Tank Capacity	Total capacity of all septic tanks	Open Text	Custom Text
	Treatment Unit 1	Make and Model of treatment unit	Open Text	Custom Text
	Treatment Unit 2	Make and Model of treatment unit	Open Text	Custom Text
	Conveyance	Method of effluent conveyance from septic tank/treatment unit to dispersal area	Drop Down	Gravity, Pump, Siphon
	Distribution	Method of equal distribution of effluent to the dispersal area	Drop Down	Gravity, Pressure
	Dispersal	Method of effluent dispersal	Drop Down	Trenches, Pad, Mound, Drip, Discharge
	Disinfection	Type of disinfection	Drop Down	UV, Chlorination, Not Applicable
Maintenance	Visit Date	Date of O&M visit	Open Text	Use the format MM/DD/YYYY

Field Heading	Field Name	Field Description	Type of Field	Field options
	Visit Time	Time of O&M visit	Open Text	Use the format HH:MM AM or PM
	Visit Purpose	What was the purpose of the Operation and Maintenance visit?	Drop Down	Routine/Scheduled, Follow-Up, Reportable Incident, Initial Visit, Pump-Out Only
	Actual/Estimated flow (gpd)	What is the actual or estimated gallons per day flowing into the onsite sewage system?	Open Text	Custom Text
	Maintenance Needed (1-13)	Specify any maintenance of the onsite sewage system required to ensure adequate performance. If more than one kind of Maintenance is needed, use extra columns as needed	Drop Down	Select kind of maintenance needed
	Maintenance Provided (1-13)	Specify any maintenance of the onsite sewage system provided during visit. If more than one kind of Maintenance is provided, use extra columns as needed	Drop Down	Select kind of maintenance provided
	Effluent Screen Cleaned	Was the effluent filter cleaned during the Operation and Maintenance visit?	Drop Down	YES, NO, N/A
Field Tests	Odor	Describe the odor of the effluent during the inspection.	Drop Down	Musty, Sulphitic, Pungent, Septic, None
	Turbidity/Color	What was the turbidity (visual) of the effluent during the inspection? (Options: clear, cloudy, discolored, dark brown, or black)	Drop Down	Clear, Cloudy, Discolored, Dark Brown, Black
	pH	What was the pH reading in the effluent during the inspection?	Open Text	Custom Text
	DO in Aeration Tank (mg/L)	What was the Dissolved Oxygen in the aeration tank reading during the inspection? (if applicable)	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Settleable Solids (%)	What was the percentage of settleable solids in the treatment tank during the inspection? (if applicable)	Open Text	Custom Text
	TRC After Contact Tank (mg/L)	What was the Total Residual Chlorine reading after the contact tank? (if applicable)	Open Text	Custom Text
	Other Test	Enter the results of any other field tests conducted during the O&M visit.	Open Text	Custom Text
Laboratory Tests	Date Collected	Enter the date the sample was collected from the onsite sewage system	Open Text	Use the format MM/DD/YYYY
	Collection Point	Where in the onsite sewage system was the sample collected?	Drop Down	Sample Chamber, Pump Chamber, Sample Tap
	Laboratory Name	Enter the name of the certified laboratory where the sample was analyzed.	Open Text	Custom Text
	5-Day Biochemical Oxygen Demand (mg/L)	What was the 5-day Biochemical Oxygen Demand reading of the sample?	Open Text	Custom Text
	TRC(ppm)	What was the Total Residual Chlorine reading of the sample? (if applicable)	Open Text	Custom Text
	Fecal Coliform (CFU/100 mL)	What was the Fecal Coliform reading of the sample?	Open Text	Custom Text
	Total Suspended Solids (mg/L)	What was the Total Suspended Solids reading of the sample?	Open Text	Custom Text
	Total Nitrogen (mg/L)	What was the Total Nitrogen reading of the sample?	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Total Phosphorus (mg/L)	What was the Total Phosphorus reading of the sample?	Open Text	Custom Text
	Laboratory Results are	Are the test results captured in the "laboratory test" questions you have answered for this report, or being mailed in separately to the local health district?	Drop Down	Attached to this report, Will be sent separately
Pumpout Details	Sewage Handler Name /Inspector Name	Name of sewage handler	Open Text	Custom Text
	Reason for Pumping	Why were the tanks in need of pumping?	Drop Down	Routine/Scheduled, System Overflow, Repair, Other
	Date Pumped	Date pumping occurred	Open Text	Use the format MM/DD/YYYY
	Disposal Site	Name of treatment facility the sewage handler disposed of the effluent	Open Text	Custom Text
	Outcome of Visit	What was the outcome of the visit?	Drop Down	Exempt, Inspected, Pumped Out
	Effluent Returning Back into Tank After Pumping	Was effluent flowing back into the tank after the contents of the tank were pumped?	Drop Down	YES, NO
Volume Pumped	Septic Tank 1 (gal)	Amount of effluent pumped from the septic tank	Open Text	Custom Text
	Septic Tank 2 (gal)	Amount of effluent pumped from additional septic tank	Open Text	Custom Text

Field Heading	Field Name	Field Description	Type of Field	Field options
	Pump/Siphon Tank (gal)	Amount of effluent pumped from the pump/siphon tank	Open Text	Custom Text
	Treatment Unit 1 (gal)	Amount of effluent pumped from the treatment unit	Open Text	Custom Text
	Treatment Unit 2 (gal)	Amount of effluent pumped from additional treatment unit	Open Text	Custom Text
	Other tank/Unit (gal)	Amount of effluent pumped from any additional tank included in the onsite sewage	Open Text	Custom Text
Conclusion	Laboratory/Formal Sample Results within Permitted Limits	Are the test results of the effluent within the regulatory limits? [REQUIRED field]	Drop Down	YES, NO, N/A
	Comments	Enter any additional comments regarding the field and laboratory testing of the effluent.	Open Text	Custom Text
Certification	I hereby certify	<p>Please enter one of the following statements as certification of the O&M visit -</p> <p>This AOSS is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-613</p> <p>This AOSS should now return to normal function after having provided the above state routine maintenance</p> <p>This AOSS is not functioning as designed or in accordance with the performance/maintenance requirements</p>	Drop Down	See Description

Field Heading	Field Name	Field Description	Type of Field	Field options
		<p>This alternative discharging system is functioning as designed and in accordance with the performance/maintenance requirements of 12VAC5-640</p> <p>This alternative discharging system should now return to normal function after having provided the above stated routine maintenance</p> <p>This alternative discharging system is not functioning as designed or in accordance with the performance /maintenance requirements of 12VAC5-640</p> <p>[REQUIRED field]</p>		
	Date	Enter the date the Operation and Maintenance Report was certified by the licensed operator.	Open Text	Use the format MM/DD/YYYY
	Time	Enter the time the Operation and Maintenance Report was certified by the licensed operator.	Open Text	Use the format HH:MM AM or PM