

Form 1-2 Operational Checklist: System evaluation (SE)

(This form is used for identification of the system design flow and to gather the operational checklists needed for conducting an O&M service visit.)

A. Client Contact Information

Name of owner: _____ System ref. #: _____

Site address/County: _____

Date of last service: _____

B. System Documentation (See Form 1.1 System Description (SD) for complete documentation)

Design flow: _____ Gal per day

C. Operational Checklists (from Form 1.1 System Description (SD) Section C)

Form 4.1 Site Assessment on File. Yes No

Tanks and advanced treatment component operational checklists (Chapters 5, 6 and 7):

- | | |
|--|--|
| <input type="checkbox"/> Pump: Demand-Dosed system: _____ | <input type="checkbox"/> Aerobic treatment unit: _____ |
| <input type="checkbox"/> Pump: Timer-Dosed system: _____ | <input type="checkbox"/> Constructed wetland: _____ |
| <input type="checkbox"/> Holding tank: _____ | <input type="checkbox"/> Lagoon: _____ |
| <input type="checkbox"/> Septic/Trash/Processing (tank): _____ | <input type="checkbox"/> Disinfection unit –Chlorine: _____ |
| <input type="checkbox"/> Pump tank(s): _____ | <input type="checkbox"/> Disinfection unit –Ultraviolet light: _____ |
| <input type="checkbox"/> Media filter: _____ | <input type="checkbox"/> Disinfection unit –Ozone: _____ |

Final treatment and dispersal component operational checklists (Chapter 8):

- | | |
|---|---|
| <input type="checkbox"/> Gravity distribution: _____ | <input type="checkbox"/> Drip distribution system: _____ |
| <input type="checkbox"/> Evapotranspiration bed: _____ | <input type="checkbox"/> Spray distribution system: _____ |
| <input type="checkbox"/> Mound system: _____ | <input type="checkbox"/> Discharging systems outfall: _____ |
| <input type="checkbox"/> Bottomless sand filter: _____ | <input type="checkbox"/> Bottomless peat filter: _____ |
| <input type="checkbox"/> Low-pressure drainfield: _____ | |

D. System Evaluation

1. O&M service provided on: Date: _____ Time: _____

2. Observation and assessment of the site (on lot and in neighborhood)

a. Evaluate presence of odor within 10 ft of perimeter of system:

None Mild Strong Chemical Sour

i) Source of odor, if present: _____

- | | |
|---|----------------|
| b. Any surfacing or breakouts. | Yes ___ No ___ |
| c. Any construction, utility work, or changes in drainage patterns. | Yes ___ No ___ |
| d. Are all components present and not modified. | Yes ___ No ___ |
| e. Are all lids at grade or on risers present and secure. | Yes ___ No ___ |
| f. Traffic on onsite wastewater system. | Yes ___ No ___ |

System ref. #: _____

3. Estimated system flow: _____ gallons per day

Indicate method used for estimate:

House water meter reading:

This time: _____ (gal) - Last time: _____ (gal) = Result: _____ gal

Result: _____ (gal) / _____ days = _____ GPD

Pump tank control meter readings (indicate form used): PDD: _____ PTD: _____

Discharge line meter

Estimate based on number of occupants: _____ People

4. Complete operational checklists for pretreatment components, pumps, pump tanks and controls (Chapters 5, 6 and 7).

5. Complete operational checklists for final treatment and dispersal components (Chapter 8).

6. Updates required on **Form 1.1 System Description**:

7. Site status at conclusion of O&M service visit:

Verify that controls are set on the appropriate mode.

Power is on to all components.

Revisit all components to verify lids are secure.

Gather all tools for removal from the site.

Verify that no sewage is on the ground surface.

Service notification.

8. Comments:

9. Overall system condition:

Acceptable

Maintenance needed

Unacceptable

Maintenance performed

Mitigation required

Company name: _____

Agreement period from: _____ to _____

This report indicates the condition of the above onsite wastewater treatment system at the time of the O&M service visit. It does not guarantee that it will continue to function satisfactorily.

Signature of service provider: _____ Date: _____
