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):

☐ Pump: Demand-Dosed system: _____   ☐ Aerobic treatment unit: _____
☐ Pump: Timer-Dosed system: _____   ☐ Constructed wetland: _____
☐ Holding tank: _____   ☐ Lagoon: _____
☐ Septic/Trash/Processing (tank): _____   ☐ Disinfection unit –Chlorine: _____
☐ Pump tank(s): _____   ☐ Disinfection unit –Ultraviolet light: _____
☐ Media filter: _____   ☐ Disinfection unit –Ozone: _____

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

☐ Gravity distribution: _____   ☐ Drip distribution system: _____
☐ Evapotranspiration bed: _____   ☐ Spray distribution system: _____
☐ Mound system: _____   ☐ Discharging systems outfall: _____
☐ Bottomless sand filter:_____   ☐ Bottomless peat filter:_____
☐ 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:_____