

# Form 8-1 Operational Checklist: Gravity distribution (Including Pump-to-Gravity) (GD)

Service provided on: Date:\_\_\_\_\_ Time:\_\_\_\_\_ Reference #:\_\_\_\_\_

Service provided by: Company:\_\_\_\_\_ Employee:\_\_\_\_\_

Date of last service:\_\_\_\_\_ By: ☐ You ☐ Other:\_\_\_\_\_

Date of last inspection:\_\_\_\_\_

## 1. Type

### a. Method for dosing to field:

☐ Gravity-to-gravity ☐ Pump-to-gravity ☐ Siphon-to-gravity

### b. Method for distribution in the field:

☐ Above grade ☐ Bed ☐ Sequential trench  
☐ Parallel trench ☐ Serial trench

## 2. Conditions at the drainfield site

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

☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour

### b. Source of odor, if present:\_\_\_\_\_

c. Indications of leaks around/above system. Yes\_\_\_\_No\_\_\_\_

d. Vegetation appropriate. Yes\_\_\_\_No\_\_\_\_

e. Excessive vegetative growth. Yes\_\_\_\_No\_\_\_\_

f. Vegetation adequately maintained. Yes\_\_\_\_No\_\_\_\_

g. Preventing accessibility for maintenance. Yes\_\_\_\_No\_\_\_\_

## 3. Distribution device

a. Type: ☐ Distribution box ☐ Drop box ☐ Header

☐ Pressure manifold ☐ Other:\_\_\_\_\_

b. If pressure manifold, distal head:\_\_\_\_\_

c. Accessible. Yes\_\_\_\_No\_\_\_\_

d. Intact, providing equal distribution. Yes\_\_\_\_No\_\_\_\_

e. Free of solids. Yes\_\_\_\_No\_\_\_\_

f. If 'No,' depth of solids below outlet:\_\_\_\_\_in

g. Root intrusion. Yes\_\_\_\_No\_\_\_\_

## 4. Distribution in field

### a. Soil treatment area information:

## NOTES

2. ☐ Acceptable  
☐ Unacceptable

3. ☐ Acceptable  
☐ Unacceptable

Lateral #	Ponding		Surfacing Effluent		Distance Effluent Traveled	Lateral ends	Roots	Obstructions	Notes	Status
	Yes – No	Depth (in)	Yes	No						
1			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Reference #:\_\_\_\_\_

Other Areas where Effluent is surfacing.	<input type="checkbox"/>	<input type="checkbox"/>	Location:					<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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5. Inspection ports

a. Inspection ports present.

Yes\_\_\_\_No\_\_\_\_

b. Inspection ports intact.

Yes\_\_\_\_No\_\_\_\_

6. Switching valves

a. Switching valve present.

Yes\_\_\_\_No\_\_\_\_

b. Type of valve:\_\_\_\_\_

c. Operating properly. Yes\_\_\_\_No\_\_\_\_

d. Action taken if not:\_\_\_\_\_

e. Laterals in operation: \_\_\_\_\_

5. ☐ Acceptable

☐ Unacceptable

6. ☐ Acceptable

☐ Unacceptable