

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

- Inspection ports present. Yes No
- Inspection ports intact. Yes No

6. Switching valves

- Switching valve present. Yes No
- Type of valve: _____
- Operating properly. Yes No
- Action taken if not: _____
- Laterals in operation: _____

5. Acceptable
 Unacceptable

6. Acceptable
 Unacceptable