

Form 8-2 Operational Checklist: Evapotranspiration beds (ETB)

Service provided on: Date: _____ Time: _____ Reference #: _____
 Service provided by: Company: _____ Employee: _____
 Date of last service: _____ By: ☐ You ☐ Other: _____
 Date of last inspection: _____

NOTES

1. Conditions at the ET bed

- 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 _____

2. Distribution to ET bed

- a. Method for dosing:
☐ Gravity-to-gravity ☐ Pump-to-gravity
- b. Type: ☐ Distribution box ☐ Drop box ☐ Header
☐ Pressure manifold ☐ Other: _____
- c. If pressure manifold, distal head: _____
- d. Accessible. Yes _____ No _____
- e. Intact, providing equal distribution. Yes _____ No _____
- f. Free of solids. Yes _____ No _____
- g. If 'No' depth of solids below outlet. _____ in
- h. Root intrusion. Yes _____ No _____

3. Switching valve

- a. Switching valve present. Yes _____ No _____
- b. Type of valve: _____
- c. Operating properly. Yes _____ No _____
- d. Action taken if not: _____
- e. Bed in operation: _____

4. ET bed:

1. ☐ Acceptable
☐ Unacceptable

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

Bed #	Status		Ponding		Surfacing Effluent (Yes – No)	ET Bed Surface Shedding Rainwater (Yes-No)
	Current	End of Service	Yes-No	Depth (in)		
1	<input type="checkbox"/> Active <input type="checkbox"/> Resting	<input type="checkbox"/> Active <input type="checkbox"/> Resting				
2	<input type="checkbox"/> Active <input type="checkbox"/> Resting	<input type="checkbox"/> Active <input type="checkbox"/> Resting				

5. Inspection ports

- a. Inspection ports present. Yes _____ No _____
- b. Inspection ports intact. Yes _____ No _____