

Form 8-3 Operational Checklist: Low-pressure drainfield (LPD)

Service provided on: Date: _____ Time: _____ Reference #: _____

Service provided by: Company: _____ Employee: _____

Date of last service: _____ By: You Other: _____

Date of last inspection: _____

1. Effluent quality: Aerobic Septic tank effluent (anaerobic)

Type of low-pressure drainfield: Low-pressure pipe Shallow narrow drainfield

NOTES

2. Conditions at the LPD

a. Topography: Level Sloping: _____ % slope

b. Evaluate presence of odor within 10 ft of perimeter of system:
 None Mild Strong Chemical Sour

c. Source of odor, if present: _____

d. Indications of leaks around/above system. Yes _____ No _____

e. Vegetation appropriate. Yes _____ No _____

f. Excessive vegetative growth. Yes _____ No _____

g. Vegetation adequately maintained. Yes _____ No _____

h. Preventing accessibility for maintenance. Yes _____ No _____

2. Acceptable
 Unacceptable

3. Supply line

a. Line drains freely. Yes _____ No _____

b. Ponding or saturation present along parts of the supply line. N/A Yes _____ No _____

c. Air relief(s) valve operating. N/A Yes _____ No _____

3. Acceptable
 Unacceptable

4. Switching valves

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

4. Acceptable
 Unacceptable

5. Soil treatment area information:

Reference #: _____

6. Orifices

- a. Position: 6 o'clock 12 o'clock
- b. Orifices cleaned. Yes _____ No _____
- c. Method: Hydrojetted Bottlebrushed
- Flushed Other: _____

7. Elevated system:

- a. Surfacing effluent present. N/A _____

8. Lab samples collected for monitoring.

Types of analysis: _____

6. Acceptable
 Unacceptable

7. Acceptable
 Unacceptable