

Form 8-6 Operational Checklist: Spray field (SF)

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 spray distribution field
 - 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 approach
 - a. Zones: ☐ Single ☐ Multiple: # _____
3. Switching valves
 - a. Switching valve present. Yes ____ No ____
 - b. Type of valve: _____
 - c. Operating properly. Yes ____ No ____
 - d. Action taken if not: _____
4. Site conditions
 - a. Color coding. Yes ____ No ____
 - b. Signage. N.A. ____ Yes ____ No ____
 - c. Fencing. N.A. ____ Yes ____ No ____
5. System operating pressure: _____ PSI
 - a. Location of pressure reading: _____
6. Control panel
 - a. Timer operating properly. N.A. ____ Yes ____ No ____
 - i) Timer settings: ON _____ min
OFF _____ min
 - b. Photocell functioning. N.A. ____ Yes ____ No ____
 - c. Rainfall shutoff functioning. N.A. ____ Yes ____ No ____
7. Distribution head operation
 - a. Low-pressure shutoff valve. N.A. ____ Yes ____ No ____
 - b. In-line filter cleaned. N.A. ____ Yes ____ No ____
 - c. Heads in proper adjustment. Yes ____ No ____
 - d. Pop-up heads retracting. N.A. ____ Yes ____ No ____
 - e. Distribution head operation summary:

1. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

6. ☐ Acceptable
☐ Unacceptable

7. ☐ Acceptable
☐ Unacceptable

| Zone | Low Angle Nozzle | Pattern | | Operation (Impact, Rotor, Spray) | Low-Pressure Drain | Riser Intact |
|------|------------------|-----------------|------------------|----------------------------------|--------------------|--------------|
| | | Current Pattern | Designed Pattern | | | |
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| | | | | | | |

Reference #: _____

8. Zone operational conditions:

| Zone | Erosion | Wastewater Runoff | Ponding | Vegetation | |
|------|---------|----------------------|---------|----------------------------------|------|
| | | | | Clear of Distribution Pattern | Type |
| | | | | | |
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9. Manufacturer's required maintenance performed. Yes____No____
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

PSI- pounds per square inch