

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:

<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Strong	<input type="checkbox"/> Chemical	<input type="checkbox"/> Sour
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 - 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.

<input type="checkbox"/> ON	<input type="checkbox"/> Yes _____ No _____
<input type="checkbox"/> OFF	<input type="checkbox"/> Yes _____ No _____
 - i) Timer settings: _____
 - 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			

Reference #: _____

8. Zone operational conditions:

Zone	Erosion	Wastewater Runoff	Ponding	Vegetation	
				Clear of Distribution Pattern	Type

9. Manufacturer's required maintenance performed. Yes No
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

PSI- pounds per square inch