

## Form 8-7 Operational Checklist: Outfall (OS)

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

### NOTES

1. Type of outfall
  - a. Treatment component:  
☐ Lagoon ☐ Media filter ☐ Aerobic treatment unit
  - b. Subsurface drainage: ☐ Interceptor ☐ Perimeter
  - b. Flow delivery: ☐ Gravity flow ☐ Pumped flow
2. Discharge effluent condition
  - a. Evaluate presence of odor within 10 ft of perimeter of system:  
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
  - b. Source of odor, if present: \_\_\_\_\_
  - c. Evidence of discharge. Yes\_\_\_\_No\_\_\_\_
  - d. If evidence of discharge, describe status: ☐ Current ☐ Previous
  - e. If current discharge, describe rate of discharge:  
☐ Dripping ☐ Trickling ☐ Flowing
  - f. Residuals in discharging effluent. Yes\_\_\_\_No\_\_\_\_
  - g. Animal or vector activity in discharged effluent. Yes\_\_\_\_No\_\_\_\_
3. Outfall structure condition
  - a. Outlet unobstructed. Yes\_\_\_\_No\_\_\_\_
  - b. Vegetation maintenance necessary. Yes\_\_\_\_No\_\_\_\_
  - c. Erosion around outlet pipe. Yes\_\_\_\_No\_\_\_\_
  - d. Outlet protected from animal activity. Yes\_\_\_\_No\_\_\_\_
  - e. Discharge pipe in good condition. Yes\_\_\_\_No\_\_\_\_
  - f. If maintenance needed, maintenance completed. Yes\_\_\_\_No\_\_\_\_
  - g. If groundwater is present, flow rate of discharge: \_\_\_\_\_ GPM
4. Lab samples collected for monitoring. Yes\_\_\_\_No\_\_\_\_  
Types of analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. ☐ Acceptable  
☐ Unacceptable

3. ☐ Acceptable  
☐ Unacceptable