

Form 1-2 Operational Checklist: System evaluation (SE)

(This form is used for identification of the system design flow and to gather the operational checklists needed for conducting an O&M service visit.)

A. Client Contact Information

Name of owner: _____ System ref. #: _____

Site address/County: _____

Date of last service: _____

B. System Documentation (See Form 1.1 System Description (SD) for complete documentation)

Design flow: _____ Gal per day

C. Operational Checklists (from Form 1.1 System Description (SD) Section C)

Form 4.1 Site Assessment on File. ☐ Yes ☐ No

Tanks and advanced treatment component operational checklists (Chapters 5, 6 and 7):

- | | |
|--|--|
| <input type="checkbox"/> Pump: Demand-Dosed system: _____ | <input type="checkbox"/> Aerobic treatment unit: _____ |
| <input type="checkbox"/> Pump: Timer-Dosed system: _____ | <input type="checkbox"/> Constructed wetland: _____ |
| <input type="checkbox"/> Holding tank: _____ | <input type="checkbox"/> Lagoon: _____ |
| <input type="checkbox"/> Septic/Trash/Processing (tank): _____ | <input type="checkbox"/> Disinfection unit –Chlorine: _____ |
| <input type="checkbox"/> Pump tank(s): _____ | <input type="checkbox"/> Disinfection unit –Ultraviolet light: _____ |
| <input type="checkbox"/> Media filter: _____ | <input type="checkbox"/> Disinfection unit –Ozone: _____ |

Final treatment and dispersal component operational checklists (Chapter 8):

- | | |
|---|---|
| <input type="checkbox"/> Gravity distribution: _____ | <input type="checkbox"/> Drip distribution system: _____ |
| <input type="checkbox"/> Evapotranspiration bed: _____ | <input type="checkbox"/> Spray distribution system: _____ |
| <input type="checkbox"/> Mound system: _____ | <input type="checkbox"/> Discharging systems outfall: _____ |
| <input type="checkbox"/> Bottomless sand filter: _____ | <input type="checkbox"/> Bottomless peat filter: _____ |
| <input type="checkbox"/> Low-pressure drainfield: _____ | |

D. System Evaluation

1. O&M service provided on: Date: _____ Time: _____
2. Observation and assessment of the site (on lot and in neighborhood)
 - a. Evaluate presence of odor within 10 ft of perimeter of system:
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
 - i) Source of odor, if present: _____
 - b. Any surfacing or breakouts. Yes ___ No ___
 - c. Any construction, utility work, or changes in drainage patterns. Yes ___ No ___
 - d. Are all components present and not modified. Yes ___ No ___
 - e. Are all lids at grade or on risers present and secure. Yes ___ No ___
 - f. Traffic on onsite wastewater system. Yes ___ No ___

System ref. #: _____

3. Estimated system flow: _____ gallons per day

Indicate method used for estimate:

☐ House water meter reading:

This time: _____ (gal) - Last time: _____ (gal) = Result: _____ gal

Result: _____ (gal) / _____ days = _____ GPD

☐ Pump tank control meter readings (indicate form used): PDD: _____ PTD: _____

☐ Discharge line meter

☐ Estimate based on number of occupants: _____ People

4. Complete operational checklists for pretreatment components, pumps, pump tanks and controls (Chapters 5, 6 and 7).

5. Complete operational checklists for final treatment and dispersal components (Chapter 8).

6. Updates required on **Form 1.1 System Description**:

7. Site status at conclusion of O&M service visit:

- ☐ Verify that controls are set on the appropriate mode.
- ☐ Power is on to all components.
- ☐ Revisit all components to verify lids are secure.
- ☐ Gather all tools for removal from the site.
- ☐ Verify that no sewage is on the ground surface.
- ☐ Service notification.

8. Comments:

9. Overall system condition:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Maintenance needed |
| <input type="checkbox"/> Unacceptable | <input type="checkbox"/> Maintenance performed |
| | <input type="checkbox"/> Mitigation required |

Company name: _____

Agreement period from: _____ to _____

This report indicates the condition of the above onsite wastewater treatment system at the time of the O&M service visit. It does not guarantee that it will continue to function satisfactorily.

Signature of service provider: _____ Date: _____
