Forn	n 8-5	Opera	tional C	hecklist: Dri	pfield (DF)								
Service provided on: Date: Time: Reference #:														
Service provided by: Company: Employee:								e:						
Date of	of last	service:					By: 🗆 Yo	ou 🗆 Othe	r:					
Date of	of last	inspecti	on:											
									NOTES					
1. C	onditi	ons at the drip distribution zone												
	a.	Evalua	Evaluate presence of odor within 10 ft of perimeter of system:						 □ Acceptable 					
			None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour							nacceptal				
	b.		of odor, if							•				
	c.	Indicat	tions of lead	ks around/above	system.	Y	esNo)						
	d.		ition approj				esNo)						
	e.	Excess	ive vegetat	ive growth.		Y	esNo)						
	f.			ately maintained		Y)						
	g.		ting access	ibility for maint	enance.	Y	esNo)						
2. D	rip fil								2. □ A	cceptable	e			
	a.	Type o	of filter:				☐ Unacceptable							
		☐ Sand ☐ Screen ☐ Disk ☐ Other:												
	b.	Filter in place. Yes No												
	c.	Pre-fil	ter pressure	: :				PSI						
	d.	Post-fi	lter pressur	e:				PSI						
	e.	Filter:	☐ Clea											
	f.	Filter: ☐ Cleaned ☐ Replaced Automatic cleaning operational. N.AYesNo												
	g.		s flow ope		N.	A. Y	esNo)						
	i.	Heater	pad operat	ional.		AY)						
3. E							3. □ Acceptable							
	a.	Flow r							\Box U	naccepta	ble			
				Current (Pl	FR):	gal	Date:							
Previous (LFR):gal Date:														
				Differentia	l ([PFR -	- LFR] /	days):							
						gpd	Days:							
4. Switching valves								4. □ Acceptable						
	a.	<u> </u>							☐ Unacceptable					
	b.		of valve:											
	c.		ing properl			Y	esNo)						
	d.	Action	taken if no	ot:										
5. F	ield flı	ushing: None Manual Automatic Continuous												
	a.	Operat				Y	esNo)						
	b.	Field f	lushing ope	eration:										
	Mai	nually	Operating Pressure			EL 1 .		Field Dosing						
	Flushed				Zone Flushing									
Zone	Z	ones	3		ET		CC		EI	ΓM	C	C		
			Dosing	Flushing	DETD	I ETD	DECD	I ECD		IETD	DECD	I E		

Zone	Manually Flushed Zones	Operating Pressure (PSI)		Zone Flushing				Field Dosing			
		Dosing	Flushing	ETM		CC		ETM		CC	
				PFTR	LFTR	PFCR	LFCR	PFTR	LFTR	PFCR	LFCR

Zone operation:									
Zone	Flow Rate (gpm)	Total Flow (gal) (since last visit)	Air/Vacuum relief operating	Surfacing Effluent					

Reference #:_____

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

CC- cycle counter
ETM- elapsed time meter
GPM- gallons per minute
LFCR- last flushing cycle reading
LFR- last flow meter reading
LFTR- last flushing time reading
PFCR- present flushing cycle reading
PFR- present flow meter reading
PFTR- present flushing time reading
PFTR- present flushing time reading
PSI- pounds per square inch
TT- total time