

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