

Form 8-1 Operational Checklist: Gravity distribution (Including Pump-to-Gravity) (GD)

Service provided on: Date: _____ Time: _____ Reference #: _____

Service provided by: Company: _____ Employee: _____

Date of last service: _____ By: You Other: _____

Date of last inspection: _____

1. Type

a. Method for dosing to field:

- Gravity-to-gravity Pump-to-gravity Siphon-to-gravity

b. Method for distribution in the field:

- Above grade Bed Sequential trench
 Parallel trench Serial trench

2. Conditions at the drainfield site

a. Evaluate presence of odor within 10 ft of perimeter of system:

- None Mild Strong Chemical Sour

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 ___

3. Distribution device

a. Type: Distribution box Drop box Header
 Pressure manifold Other: _____

b. If pressure manifold, distal head: _____

c. Accessible. Yes ___ No ___

d. Intact, providing equal distribution. Yes ___ No ___

e. Free of solids. Yes ___ No ___

f. If 'No,' depth of solids below outlet: _____ in

g. Root intrusion. Yes ___ No ___

4. Distribution in field

a. Soil treatment area information:

NOTES

2. Acceptable
 Unacceptable

3. Acceptable
 Unacceptable

Lateral #	Ponding		Surfacing Effluent		Distance Effluent Traveled	Lateral ends	Roots	Obstructions	Notes	Status
	Yes – No	Depth (in)	Yes	No						
1			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Reference #: _____

Other Areas where Effluent is surfacing.	<input type="checkbox"/>	<input type="checkbox"/>	Location:					<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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5. Inspection ports

a. Inspection ports present.

Yes ___ No ___

b. Inspection ports intact.

Yes ___ No ___

6. Switching valves

a. Switching valve present.

Yes ___ No ___

b. Type of valve: _____

c. Operating properly. Yes ___ No ___

d. Action taken if not: _____

e. Laterals in operation: _____

5. Acceptable

Unacceptable

6. Acceptable

Unacceptable