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):

- ☐ Pump: Demand-Dosed system: _____
- ☐ Pump: Timer-Dosed system: _____
- ☐ Holding tank: _____
- ☐ Septic/Trash/Processing (tank): _____
- ☐ Pump tank(s): _____
- ☐ Media filter: _____
- ☐ Aerobic treatment unit: _____
- ☐ Constructed wetland: _____
- ☐ Lagoon: _____
- ☐ Disinfection unit –Chlorine: _____
- ☐ Disinfection unit –Ultraviolet light: _____
- ☐ Disinfection unit –Ozone: _____

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

- ☐ Gravity distribution: _____
- ☐ Evapotranspiration bed: _____
- ☐ Mound system: _____
- ☐ Bottomless sand filter:_____
- ☐ Low-pressure drainfield: _____
- ☐ Drip distribution system: _____
- ☐ Spray distribution system: _____
- ☐ Discharging systems outfall: _____
- ☐ Bottomless peat filter:_____

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:
   - ☐ Acceptable
   - ☐ Unacceptable
   - ☐ Maintenance needed
   - ☐ Maintenance performed
   - ☐ 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:_____
_____