

### Form 7-3 Operational Checklist: Constructed wetland (CW)

Service provided on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reference #: \_\_\_\_\_

Service provided by: Company: \_\_\_\_\_ Employee: \_\_\_\_\_

Date of last service: \_\_\_\_\_ By:  You  Other: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_

1. Constructed wetland: Cell #: \_\_\_\_\_ / \_\_\_\_\_

a. Media:  None  Gravel, average diameter: \_\_\_\_\_ in  
 Other: \_\_\_\_\_

b. Flow regime:  Surface  Subsurface  Combination

c. Distribution:  Pressure  Gravity

2. Conditions at the constructed wetland

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

None  Mild  Strong  Chemical  Sour

b. Source of odor, if present: \_\_\_\_\_

c. Type of border material: \_\_\_\_\_

d. Border material in good repair. Yes \_\_\_ No \_\_\_

e. Evidence of water/soil entering wetland. Yes \_\_\_ No \_\_\_

f. Fence present and operable. N.A. \_\_\_ Yes \_\_\_ No \_\_\_

g. Animal activity at wetland surface. Yes \_\_\_ No \_\_\_

3. Water level management

a. Header distribution plugged. Yes \_\_\_ No \_\_\_

b. Water level control option available. Yes \_\_\_ No \_\_\_

c. Water level adjustment needed. Yes \_\_\_ No \_\_\_

4. Vegetation

a. Is species appropriate. Yes \_\_\_ No \_\_\_

b. Is vegetation alive. Yes \_\_\_ No \_\_\_

c. Replanting needed. Yes \_\_\_ No \_\_\_

d. Vegetation removal required. Yes \_\_\_ No \_\_\_

5. Effluent quality

a. Turbidity: \_\_\_\_\_ NTU

b. Oily film on the surface of effluent. Yes \_\_\_ No \_\_\_

c. DO in outlet: \_\_\_\_\_ mg/l

d. pH in outlet: \_\_\_\_\_

e. Temperature in outlet: \_\_\_\_\_

f. Bypass or overflow noticed. Yes \_\_\_ No \_\_\_

g. Effluent odor after passing through wetland:

None  Mild  Strong

h. Effluent color after passing through wetland:

Clear  Brown  Black

6. Additional tasks for subsurface flow wetlands

a. Media surface level. Yes \_\_\_ No \_\_\_

b. Water level below media surface: \_\_\_\_\_ in

7. Additional tasks for recirculating wetlands

a. DO in recirculation tank: \_\_\_\_\_ mg/l

b. Inspected recirculating device. N.A. \_\_\_ Yes \_\_\_ No \_\_\_

c. Cleaned recirculating device. N.A. \_\_\_ Yes \_\_\_ No \_\_\_

d. Design recirculation ratio: \_\_\_\_\_ : \_\_\_\_\_

e. Actual recirculation ratio: \_\_\_\_\_ : \_\_\_\_\_

f. Recirculation changed to: \_\_\_\_\_ : \_\_\_\_\_

\*If dam configuration, recirculation device cannot be inspected or cleaned

8. Inspection ports

a. Inspection ports present. Yes \_\_\_ No \_\_\_

b. Inspection ports intact. Yes \_\_\_ No \_\_\_

9. Lab samples collected for monitoring.

Yes \_\_\_ No \_\_\_  
Types of analysis: \_\_\_\_\_

#### NOTES

2.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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