

Form 8-4b Operational Checklist: Bottomless peat filter (BPF)

Service provided on: Date: _____ Time: _____ Reference #: _____
 Service provided by: Company: _____ Employee: _____
 Date of last service: _____ By: You Other: _____
 Date of last inspection: _____

NOTES

1. 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: _____
2. Media surface
 - a. Top of filter media in good condition. Yes ___ No ___
 - b. Uniform distribution or spray pattern noticed. Yes ___ No ___
 - c. Ponding in media. Yes ___ No ___
 - d. Media in need of cleaning. Yes ___ No ___
 - e. Additional media needed. Yes ___ No ___
 - f. Date of last media replacement: _____
 - g. Media in need of replacement. Yes ___ No ___
 - h. Appropriate maintenance performed. Yes ___ No ___
3. Pressure distribution: N.A. _____
 - a. Distal head before cleaning
 - i) Equal height. Yes ___ No ___
 - ii) Height (inches): _____ in
 - b. Lateral condition
 - i) Laterals in need of cleaning. Yes ___ No ___
 - ii) Laterals cleaned. Yes ___ No ___
 - iii) Method for cleaning laterals: _____
 - c. Distal head after cleaning
 - i) Equal height. Yes ___ No ___
 - ii) Height (inches): _____ in
4. Manufacturer's required maintenance performed. Yes ___ No ___
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)
5. Lab samples collected for monitoring. Yes ___ No ___
 Types of analysis: _____

2. Acceptable
 Unacceptable

3. Acceptable
 Unacceptable