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

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

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

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: ___________________ Yes ___ No ___
   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 ___
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  □ Maintenance needed
   □ Unacceptable □ 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: ___________
   ____________________________________________________________