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

<table>
<thead>
<tr>
<th>Tanks and advanced treatment component operational checklists (Chapters 5, 6 and 7):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pump: Demand-Dosed system: ___________</td>
<td>□ Aerobic treatment unit: ___________</td>
</tr>
<tr>
<td>□ Pump: Timer-Dosed system: ___________</td>
<td>□ Constructed wetland: ___________</td>
</tr>
<tr>
<td>□ Holding tank: ___________</td>
<td>□ Lagoon: ___________</td>
</tr>
<tr>
<td>□ Septic/Trash/Processing (tank): ___________</td>
<td>□ Disinfection unit – Chlorine: ___________</td>
</tr>
<tr>
<td>□ Pump tank(s): ___________</td>
<td>□ Disinfection unit – Ultraviolet light: ___________</td>
</tr>
<tr>
<td>□ Media filter: ___________</td>
<td>□ Disinfection unit – Ozone: ___________</td>
</tr>
</tbody>
</table>

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 suracing 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: ______________