# 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 #:** ________/__________
  - Media: ☐ None ☐ Gravel, average diameter: ___________ in
  - ☐ Other:______________
  - Flow regime: ☐ Surface ☐ Subsurface ☐ Combination
  - Distribution: ☐ Pressure ☐ Gravity

## 2. Conditions at the constructed wetland

- Evaluate presence of odor within 10 ft of perimeter of system: ☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
- Source of odor, if present: ________________________________
- Type of border material:___________________________
  - ☐ Border material in good repair. Yes No
  - Evidence of water/soil entering wetland. Yes No
  - Fence present and operable. N.A. Yes No
  - Animal activity at wetland surface. Yes No

## 3. Water level management

- Header distribution plugged. Yes No
- Water level control option available. Yes No
- Water level adjustment needed. Yes No

## 4. Vegetation

- Is species appropriate. Yes No
- Is vegetation alive. Yes No
- Replanting needed. Yes No
- Vegetation removal required. Yes No

## 5. Effluent quality

- Turbidity: ___________ NTU
- Oily film on the surface of effluent. Yes No
- DO in outlet: ___________ mg/l
- pH in outlet: ___________
- Temperature in outlet: ___________
- Bypass or overflow noticed. Yes No
- Effluent odor after passing through wetland: ☐ None ☐ Mild ☐ Strong
- Effluent color after passing through wetland: ☐ Clear ☐ Brown ☐ Black

## 6. Additional tasks for subsurface flow wetlands

- Media surface level. Yes No
- Water level below media surface: ___________ in

## 7. Additional tasks for recirculating wetlands

- DO in recirculation tank: ___________ mg/l
- Inspected recirculating device. N.A. Yes No
- Cleaned recirculating device. N.A. Yes No
- Design recirculation ratio: ___________
- Actual recirculation ratio: ___________
- Recirculation changed to: ___________
  - *If dam configuration, recirculation device cannot be inspected or cleaned*

## 8. Inspection ports

- Inspection ports present. Yes No
- Inspection ports intact. Yes No

## 9. Lab samples collected for monitoring.

- Types of analysis:______________________________________________________________

## NOTES

- ☐ Acceptable
  - ☐ Unacceptable

- ☐ Acceptable
  - ☐ Unacceptable

- ☐ Acceptable
  - ☐ Unacceptable

- ☐ Acceptable
  - ☐ Unacceptable

- ☐ Acceptable
  - ☐ Unacceptable

- ☐ Acceptable
  - ☐ Unacceptable