Form 7-4 Operational Checklist: Lagoon Maintenance (LM)

Service provided on: Date: ___________ Time: ___________ Reference #: ___________
Service provided by: Company: ___________ Employee: ___________ 
Date of last service: ___________________________ By: □ You □ Other: ___________
Date of last inspection: ________________________

1. Lagoon: ______________ Cell #: __________ / __________
   a. Type: □ Aerobic □ Facultative

2. Conditions at the lagoon
   a. Evaluate presence of odor within 10 ft of perimeter of system:
      □ None □ Mild □ Strong □ Chemical □ Sour
   b. Source of odor, if present: __________________________
   c. Color of lagoon water:
      □ Clear □ Green □ Purple □ Other: __________________
   d. Sludge pumping necessary. Yes ___ No ___
   e. Animal activity at surface. Yes ___ No ___

3. Border around lagoon
   a. Type of border material: __________________________
   b. Border effective and in good repair. Yes ___ No ___
   c. Evidence of water/soil entering lagoon. Yes ___ No ___
   d. Berm free of burrowing animals. Yes ___ No ___
   e. Berm protected from erosion. Yes ___ No ___
   f. Trees present on the berm. Yes ___ No ___
   g. Fencing is present and operable. Yes ___ No ___

4. Vegetation in lagoon
   a. Floating vegetation present. Yes ___ No ___
   b. If yes, vegetation removed. Yes ___ No ___
   c. Vegetation at edges present. Yes ___ No ___

5. Water level management
   a. Water level below freeboard: __________ ft
   b. Water level relative to: □ Outlet □ Berm __________ in
      □ Above □ Below
   c. Water level control option available Yes ___ No ___

6. Effluent quality
   a. Turbidity: __________ NTU
   b. Oily film on the surface of effluent. Yes ___ No ___
   c. DO at outlet or across from inlet: __________ mg/l
   d. pH at outlet or across from inlet: __________________
   e. Temperature in outlet: __________________
   f. Bypass or overflow noticed. Yes ___ No ___
   g. Effluent odor after passing through lagoon (if discharging):
      □ None □ Mild □ Strong
   h. Effluent color after passing through lagoon (if discharging):
      □ Clear □ Brown □ Black

7. Lab samples collected for monitoring. Yes ___ No ___
   Types of analysis: __________________________________

NOTES
2. □ Acceptable □ Unacceptable
3. □ Acceptable □ Unacceptable
4. □ Acceptable □ Unacceptable
5. □ Acceptable □ Unacceptable
6. □ Acceptable □ Unacceptable