

## 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