Form 8-1 Operational Checklist: Gravity distribution (Including Pump-to-Gravity) (GD)

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

1. Type
   a. Method for dosing to field:
      □ Gravity-to-gravity □ Pump-to-gravity □ Siphon-to-gravity
   b. Method for distribution in the field:
      □ Above grade □ Bed □ Sequential trench
      □ Parallel trench □ Serial trench

2. Conditions at the drainfield site
   a. Evaluate presence of odor within 10 ft of perimeter of system:
      □ None □ Mild □ Strong □ Chemical □ Sour
   b. Source of odor, if present: ____________________________
   c. Indications of leaks around/above system. □ Yes □ No
   d. Vegetation appropriate. □ Yes □ No
   e. Excessive vegetative growth. □ Yes □ No
   f. Vegetation adequately maintained. □ Yes □ No
   g. Preventing accessibility for maintenance. □ Yes □ No

3. Distribution device
   a. Type: □ Distribution box □ Drop box □ Header
      □ Pressure manifold □ Other: ____________________________
   b. If pressure manifold, distal head: _______________________
   c. Accessible. □ Yes □ No
   d. Intact, providing equal distribution. □ Yes □ No
   e. Free of solids. □ Yes □ No
   f. If ‘No,’ depth of solids below outlet: ___________________ in
   g. Root intrusion. □ Yes □ No

4. Distribution in field
   a. Soil treatment area information:

<table>
<thead>
<tr>
<th>Lateral #</th>
<th>Ponding</th>
<th>Surfacing Effluent</th>
<th>Distance Effluent Traveled</th>
<th>Lateral ends</th>
<th>Roots</th>
<th>Obstructions</th>
<th>Notes</th>
<th>Status</th>
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<td>Yes – No</td>
<td>Depth (in)</td>
<td>Yes</td>
<td>No</td>
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Reference #: ___________
5. Inspection ports
   a. Inspection ports present.  Yes No
   b. Inspection ports intact.  Yes No

6. Switching valves
   a. Switching valve present.  Yes No
   b. Type of valve: 
   c. Operating properly.  Yes No
   d. Action taken if not: 
   e. Laterals in operation: 

5. Acceptable
   Unacceptable
6. Acceptable
   Unacceptable