Form 8-2 Operational Checklist: Evapotranspiration beds (ETB)

Service provided on: Date: ____________ Time: ____________ Reference #: ____________

Service provided by: Company: ____________ Employee: ____________

Date of last service: ____________________________ By: ☐ You ☐ Other: ____________

Date of last inspection: ____________________________

1. Conditions at the ET bed
   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

2. Distribution to ET bed
   a. Method for dosing:
      ◐ Gravity-to-gravity ◐ Pump-to-gravity
   b. Type: ◐ Distribution box ◐ Drop box ◐ Header
      ◐ Pressure manifold ◐ Other: ____________________________
   c. If pressure manifold, distal head: ____________________________
   d. Accessible. Yes No
   e. Intact, providing equal distribution. Yes No
   f. Free of solids. Yes No
   g. If ‘No’ depth of solids below outlet. ____________ in
   h. Root intrusion. Yes No

3. Switching valve
   a. Switching valve present. Yes No
   b. Type of valve: ____________________________
   c. Operating properly. Yes No
   d. Action taken if not: ____________________________
   e. Bed in operation: ____________________________

4. ET bed:

<table>
<thead>
<tr>
<th>Bed #</th>
<th>Status</th>
<th>Ponding</th>
<th>Surfacing Effluent</th>
<th>ET Bed Surface Shedding Rainwater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current</td>
<td>End of Service</td>
<td>Yes-No</td>
<td>Depth (in)</td>
</tr>
<tr>
<td>1</td>
<td>Active</td>
<td>Active</td>
<td>Yes</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Active</td>
<td>Active</td>
<td>Yes</td>
<td>0</td>
</tr>
</tbody>
</table>

5. Inspection ports
   a. Inspection ports present. Yes No
   b. Inspection ports intact. Yes No No