

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: _____

NOTES

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:

1. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Bed #	Status		Ponding		Surfacing Effluent (Yes - No)	ET Bed Surface Shedding Rainwater (Yes-No)
	Current	End of Service	Yes-No	Depth (in)		
1	<input type="checkbox"/> Active <input type="checkbox"/> Resting	<input type="checkbox"/> Active <input type="checkbox"/> Resting				
2	<input type="checkbox"/> Active <input type="checkbox"/> Resting	<input type="checkbox"/> Active <input type="checkbox"/> Resting				

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