Form 8-3 Operational Checklist: Low-pressure drainfield (LPD)

Service provided on: Date: ___________ Time: ___________ Reference #: _______________________

Service provided by: Company: _______________ Employee: ________________________________

Date of last service: ___________________________ By: ☐ You ☐ Other: _______________________

Date of last inspection: _______________________

1. Effluent quality: ☐ Aerobic ☐ Septic tank effluent (anaerobic)
   Type of low-pressure drainfield: ☐ Low-pressure pipe ☐ Shallow narrow drainfield

2. Conditions at the LPD
   a. Topography: ☐ Level ☐ Sloping: _________ % slope
   b. Evaluate presence of odor within 10 ft of perimeter of system:
      ☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
   c. Source of odor, if present:
   d. Indications of leaks around/above system. Yes ___ No ___
   e. Vegetation appropriate. Yes ___ No ___
   f. Excessive vegetative growth. Yes ___ No ___
   g. Vegetation adequately maintained. Yes ___ No ___
   h. Preventing accessibility for maintenance. Yes ___ No ___

3. Supply line
   a. Line drains freely. Yes ___ No ___
   b. Ponding or saturation present along parts of the supply line. N/A ___ Yes ___ No ___
   c. Air relief(s) valve operating. N/A ___ Yes ___ No ___

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

5. Soil treatment area information:

<table>
<thead>
<tr>
<th>Zone #</th>
<th>Lateral #</th>
<th>Distal Head</th>
<th>Surfacing Effluent</th>
<th>Lateral Ends</th>
<th>Root Intrusion</th>
<th>Other Obstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Operating at (in)</td>
<td>Adjusted to (in)</td>
<td>(Yes – No)</td>
<td>Distance Traveled (in)</td>
<td>Intact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ponding Yes - No (in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Orifices
   a. Position: ☐ 6 o’clock ☐ 12 o’clock
   b. Orifices cleaned. Yes ☐ No ☐
   c. Method: ☐ Hydrojetted ☐ Bottlebrushed
      ☐ Flushed ☐ Other:

7. Elevated system:
   a. Surfacing effluent present. Yes ☐ No ☐

8. Lab samples collected for monitoring.
   Types of analysis: ________________________________
      ________________________________

Reference #: __________________________

6. ☐ Acceptable ☐ Unacceptable

7. ☐ Acceptable ☐ Unacceptable