Form 8-5 Operational Checklist: Dripfield (DF)

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 drip distribution zone
   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. Drip filter
   a. Type of filter:
      □ Sand  □ Screen  □ Disk  □ Other:_____________________
   b. Filter in place.  Yes  No
   c. Pre-filter pressure: ___________ PSI
   d. Post-filter pressure: ___________ PSI
   e. Filter:  □ Cleaned  □ Replaced
   f. Automatic cleaning operational.  N.A.  Yes  No
   g. By-pass flow operating.  N.A.  Yes  No
   h. Boxes insulated.  N.A.  Yes  No
   i. Heater pad operational.  N.A.  Yes  No

3. Effluent flow metering
   a. Flow meter:
      Current (PFR): _______gal  Date:_________
      Previous (LFR): _______gal  Date:_________
      Differential ( [PFR – LFR] / days): _______gpd  Days:_________

4. Switching valves
   a. Switching valve present.  Yes  No
   b. Type of valve:
   c. Operating properly.  Yes  No
   d. Action taken if not:_________________________________

5. Field flushing:  □ None  □ Manual  □ Automatic  □ Continuous
   a. Operational.  Yes  No
   b. Field flushing operation:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Manually Flushed Zones</th>
<th>Operating Pressure (PSI)</th>
<th>Zone Flushing</th>
<th>Field Dosing</th>
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6. Zone operation:

<table>
<thead>
<tr>
<th>Zone</th>
<th>Flow Rate (gpm)</th>
<th>Total Flow (gal) (since last visit)</th>
<th>Air/Vacuum relief operating</th>
<th>Surfacing Effluent</th>
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7. Manufacturer’s required maintenance performed. Yes____ No____
(If ‘Yes’, attach Manufacturer Inspection form to this report, if supplied)

CC- cycle counter  
ETM- elapsed time meter  
GPM- gallons per minute  
LFCR- last flushing cycle reading  
LFR- last flow meter reading  
LFTR- last flushing time reading  
PFCR- present flushing cycle reading  
PFR- present flow meter reading  
PFTR- present flushing time reading  
PSI- pounds per square inch  
TT- total time