Form 8-7 Operational Checklist: Outfall (OS)

Service provided on: Date:_________ Time:_________ Reference #:_____________________
Service provided by: Company:_________________ Employee:_____________________
Date of last service: ________________________ By: ☐ You ☐ Other:_____________________
Date of last inspection: _______________________

NOTES

1. Type of outfall
   a. Treatment component:
      ☐ Lagoon ☐ Media filter ☐ Aerobic treatment unit
   b. Subsurface drainage: ☐ Interceptor ☐ Perimeter
   b. Flow delivery: ☐ Gravity flow ☐ Pumped flow

2. Discharge effluent condition
   a. Evaluate presence of odor within 10 ft of perimeter of system:
      ☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
   b. Source of odor, if present: _______________________
   c. Evidence of discharge. Yes____ No____
   d. If evidence of discharge, describe status: ☐ Current ☐ Previous
   e. If current discharge, describe rate of discharge:
      ☐ Dripping ☐ Trickling ☐ Flowing
   f. Residuals in discharging effluent. Yes____ No____
   g. Animal or vector activity in discharged effluent. Yes____ No____

3. Outfall structure condition
   a. Outlet unobstructed. Yes____ No____
   b. Vegetation maintenance necessary. Yes____ No____
   c. Erosion around outlet pipe. Yes____ No____
   d. Outlet protected from animal activity. Yes____ No____
   e. Discharge pipe in good condition. Yes____ No____
   f. If maintenance needed, maintenance completed. Yes____ No____
   g. If groundwater is present, flow rate of discharge: __________ GPM

4. Lab samples collected for monitoring. Yes____ No____
   Types of analysis:____________________________________
   ____________________________________________________
   ____________________________________________________