Form 8-4a Operational Checklist: Bottomless sand filters and mounds (BSF and MS)

Service provided on: Date: Time: Reference #: 

Service provided by: Company: Employee: 

Date of last service: By: □ You □ Other: 

Date of last inspection: _______________________________

1. Type: □ Bottomless sand filter □ Mound system

2. Conditions at the drainfield site
   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 ___

3. Media surface
   a. Biomat on surface. Yes ___ No ___
   b. Uniform gravity distribution. N.A. Yes ___ No ___
   c. Uniform spray pattern. N.A. Yes ___ No ___
   d. Ponding in media. Yes ___ No ___
   e. Plugging/clogging of distribution components. Yes ___ No ___
   f. Media appears to be settling. Yes ___ No ___
   g. Appropriate maintenance performed. Yes ___ No ___
   h. Animal activity at surface. Yes ___ No ___

4. Pressure distribution: N.A. ________
   a. Distal head before cleaning
      i) Equal height. Yes ___ No ___
      ii) Height (inches): ________ in
   b. Lateral condition
      i) Laterals in need of cleaning. Yes ___ No ___
      ii) Laterals cleaned. Yes ___ No ___
      iii) Method for cleaning laterals: ______________________
   c. Distal head after cleaning
      i) Equal height. Yes ___ No ___
      ii) Height (inches): ________ in

5. Additional requirements for mounds
   a. Ponding at toe/sides. Yes ___ No ___
   b. Seepage at toe/sides. Yes ___ No ___

6. Inspection ports
   a. Inspection ports present. Yes ___ No ___
   b. Inspection ports intact. Yes ___ No ___

7. Lab samples collected for monitoring.
   Types of analysis: ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

NOTES

2. □ Acceptable □ Unacceptable

3. □ Acceptable □ Unacceptable

4. □ Acceptable □ Unacceptable

5. □ Acceptable □ Unacceptable

6. □ Acceptable □ Unacceptable