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>Surfac ing Effluent</th>
<th>Lateral Ends</th>
<th>Root Intrusion</th>
<th>Other Obstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Operating</td>
<td>(Yes - No)</td>
<td>Distance</td>
<td>Intact</td>
<td>Protected</td>
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<td>at (in)</td>
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NOTES
2. ☐ Acceptable  ☐ Unacceptable
3. ☐ Acceptable  ☐ Unacceptable
4. ☐ Acceptable  ☐ Unacceptable
6. Orifices
   a. Position: □ 6 o’clock □ 12 o’clock
   b. Orifices cleaned. Yes___No___
   c. Method: □ Hydrojetted □ Bottlebrushed
      □ Flushed □ Other:____________________

7. Elevated system: N/A
   a. Surfacing effluent present. Yes___No___

8. Lab samples collected for monitoring. Yes___No___
   Types of analysis:_________________________________________________________
   □ Acceptable □ Unacceptable
   □ Acceptable □ Unacceptable