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: _____

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<tr><td></td><td>NOTES</td></tr>
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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_____

2. ☐ Acceptable
   ☐ Unacceptable

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_____

3. ☐ Acceptable
   ☐ Unacceptable

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

4. ☐ Acceptable
   ☐ Unacceptable

5. Additional requirements for mounds
   a. Ponding at toe/sides.   Yes____No_____
   b. Seepage at toe/sides.   Yes____No_____

5. ☐ Acceptable
   ☐ Unacceptable

6. Inspection ports
   a. Inspection ports present.   Yes____No_____
   b. Inspection ports intact.   Yes____No_____

6. ☐ Acceptable
   ☐ Unacceptable

7. Lab samples collected for monitoring.   Yes____No_____
   Types of analysis:_____
   _____
   _____