



Form 1.2 SYSTEM EVALUATION (SE)

(This form is used for identification of the system design flow and to gather the operational checklists needed for conducting an O&M service visit.)

A. Client Contact Information

Name of owner: _____ System ref. #: _____

Site address/County: _____

Date of last service: _____

B. System Documentation *(See Form 1.1 System Description (SD) for complete documentation)*

Design flow: _____ Gal per day

C. Operational Checklists *(from Form 1.1 System Description (SD) Section C)*

Form 4.1 Site Assessment on File? Yes No

Tanks and advanced treatment component operational checklists (Chapters 5, 6 and 7):

- Pump: Demand-Dosed system: _____
- Pump: Timer-Dosed system: _____
- Holding tank: _____
- Septic/Trash/Processing (tank): _____
- Pump tank(s): _____
- Media filter: _____
- Aerobic treatment unit: _____
- Constructed wetland: _____
- Lagoon: _____
- Disinfection unit –Chlorine: _____
- Disinfection unit –Ultraviolet light: _____
- Disinfection unit –Ozone: _____

Final treatment and dispersal component operational checklists (Chapter 8):

- Gravity distribution: _____
- Evapotranspiration bed: _____
- Mound system: _____
- Low-pressure drainfield: _____
- Drip distribution system: _____
- Spray distribution system: _____
- Discharging systems outfall: _____

D. System Evaluation

1. O&M service provided on: Date: _____ Time: _____

2. Observation and assessment of the site (on lot and in neighborhood)

- a. Evaluate presence of odor within 10 ft of perimeter of system:
 - None Mild Strong Chemical Sour
 - i) Source of odor, if present: _____
- b. Any surfacing or breakouts? Yes ___ No ___
- c. Any construction, utility work, or changes in drainage patterns? Yes ___ No ___
- d. Are all components present and not modified? Yes ___ No ___
- e. Are all lids at grade or on risers present and secure? Yes ___ No ___
- f. Traffic on onsite wastewater system? Yes ___ No ___

System ref. #: _____

3. Estimated system flow: _____ gallons per day

Indicate method used for estimate:

House water meter reading:

This time: _____ (gal) - Last time: _____ (gal) = Result: _____ gal

Result: _____ (gal) / _____ days = _____ GPD

Pump tank control meter readings (indicate form used): PDD: _____ PTD: _____

Discharge line meter

Estimate based on number of occupants: _____ People

4. Complete operational checklists for pretreatment components, pumps, pump tanks and controls (Chapters 5, 6 and 7).

5. Complete operational checklists for final treatment and dispersal components (Chapter 8).

6. Updates required on **Form 1.1 System Description**:

7. Site status at conclusion of O&M service visit:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.
- Service notification.

8. Comments:

9. Overall system condition:

- Acceptable
- Unacceptable
- Maintenance needed
- Maintenance performed
- Mitigation required

Company name: _____

Agreement period from: _____ to _____

This report indicates the condition of the above onsite wastewater treatment system at the time of the O&M service visit. It does not guarantee that it will continue to function satisfactorily.

Signature of service provider: _____ Date: _____