

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: \(\text{You} \) Other: Date of last inspection: **NOTES** 1. Type: ☐ Bottomless sand filter ☐ Mound system 2. Conditions at the drainfield site 2. ☐ Acceptable a. Evaluate presence of odor within 10 ft of perimeter of system: ☐ Unacceptable ☐ None \square Mild \square 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 3. ☐ Acceptable Yes No a. Biomat on surface. ☐ Unacceptable No____ b. Uniform gravity distribution. Yes N.A. 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. ____ 4. ☐ Acceptable a. Distal head before cleaning ☐ Unacceptable i) Equal height. Yes___No___ ii) Height (inches): 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. ii) Height (inches): 5. Additional requirements for mounds 5. ☐ Acceptable Yes___No___ a. Ponding at toe/sides. ☐ Unacceptable b. Seepage at toe/sides. Yes No 6. Inspection ports 6. ☐ Acceptable a. Inspection ports present. Yes___No___ ☐ Unacceptable b. Inspection ports intact. Yes___No___ 7. Lab samples collected for monitoring. Yes___No___ Types of analysis: