

**Form 8.1 Operational Checklist GRAVITY DISTRIBUTION (Including Pump-to-Gravity) (GD)**

Service provided on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reference #: \_\_\_\_\_

Service provided by: Company: \_\_\_\_\_ Employee: \_\_\_\_\_

Date of last service: \_\_\_\_\_ By:  You  Other: \_\_\_\_\_

Date of last inspection: \_\_\_\_\_

1. Type

a. Method for dosing to field:

- Gravity-to-gravity       Pump-to-gravity       Siphon-to-gravity

b. Method for distribution in the field:

- Above grade       Bed       Continuous serial trench  
 Parallel trench       Serial trench

2. Conditions at the drainfield site

3. Distribution device

a. Type:  Distribution box     Drop box     Header

Pressure manifold     Other: \_\_\_\_\_

b. If pressure manifold, distal head: \_\_\_\_\_

**NOTES**

2. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

4. Distribution in field

a. Soil treatment area information:

Lateral #	Distal Head	Ponding		Surfacing Effluent		Distance Effluent Traveled	Lateral ends	Roots	Obstructions	Notes	Status
		Yes – No	Depth (in)	Yes	No						
1				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6				<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

Other Areas where Effluent is surfacing?	<input type="checkbox"/>	<input type="checkbox"/>	Location:							<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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5. Inspection ports

N/A \_\_\_\_\_

6. Switching valves

N/A \_\_\_\_\_

5. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6. <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable