

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
3. Supply line
4. Switching valves
5. Soil treatment area information:

NOTES

2. Acceptable
 Unacceptable

3. Acceptable
 Unacceptable

4. Acceptable
 Unacceptable

Zone #	Lateral #	Distal Head		Ponding Yes - No (in)	Surfacing Effluent		Lateral Ends			Root Intrusion (Yes - No)	Other Obstruction (Specify)
		Operating at (in)	Adjusted to (in)		(Yes - No)	Distance Traveled (in)	Intact	Protected	Accessible		

6. Orifices
7. Elevated system: N/A _____
8. Lab samples collected for monitoring? Yes ___ No ___
 Types of analysis: _____

6. Acceptable
 Unacceptable

7. Acceptable
 Unacceptable