

SAND FILTER MONITORING & MAINTENANCE CHECKLIST

Owner's Name _____ Date of Inspection _____

Phone Number: _____

Address (street, city, state, zip) _____

IF SYSTEM IS SERVICED BY OTHER THAN OWNER

Company Name _____ Phone # _____ Alt # _____

Service Person _____ License # _____ Date _____

SYSTEM SPECIFIC DATA

Map # T _____ R _____ S _____ lot _____ Permit # _____ Design Capacity _____ gpd

Water supply (include name if applicable) _____ Garbage Disposal? Yes _____ No _____

SEPTIC TANK INFO (Pumping tank is required unless scum & sludge levels are checked)

Distance of scum layer to top of outlet (DEQ requires tank to be pumped if less than 3") _____

Distance of sludge to bottom or outlet (DEQ requires tank to be pumped if less than 6") _____

Has septic tank been pumped? If yes, attach records to this form. Yes _____ No _____

SEPTIC TANK PUMP SYSTEM

Pump Manufactured by _____ Pump Model # _____

Float Manufactured by _____ Float Model # _____

Any holes or leaks in access risers or lids? Yes _____ No _____

Float settings, inches from bottom of tank _____ Alarm/Timer override _____

Timer off _____

Redundant off/Low level alarm _____

Record on/off setting if not on a timer: On _____ Off _____

Float cords secured so not to interfere with the operations of the floats? Yes _____ No _____

Do Floats work? Yes _____ No _____

Are splice box cord grips tight? Yes _____ No _____

High water alarm is activated when float is manually lifted. Yes _____ No _____

Override timer off float working? Yes _____ No _____

Redundant off/low level alarm float working? Yes _____ No _____

Does the screen need to be cleaned? Yes _____ No _____ Has screen been cleaned? Yes _____ No _____

Record gallons per inch (contact septic tank manufacturer or regulating agency if unknown) _____

Record gallons per minute _____ Gallons per dose _____ Duration of dose if not on a timer _____

SAND FILTER SUMP PUMP (if applicable)

Does alarm work? Yes _____ No _____

Pump floats work? Yes _____ No _____

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CONTROL PANEL

Control panel (CP) manufacturer? _____ Model # _____
If control panel has elapsed time meter (ETM) record settings _____
If control panel has dose cycle counter (CT) record value _____
Is the programmable timer setting correct? Yes _____ No _____

SAND FILTER MANIFOLD MAINTENANCE

Flush each lateral individually until liquid is clear. Laterals Flushed? Yes _____ No _____
Record system residual head or squirt height (in feet) _____
The Orifices need to be cleaned if the "squirt Height" is more than 20% higher than the initial value.
Did the Orifices need to be cleaned? Yes _____ No _____
If the Orifices were cleaned, record the "squirt height" after cleaning _____

SYSTEM OBSERVATIONS

Adequate grass cover? Yes _____ No _____ Any indication of traffic across filter? Yes _____ No _____
Any vegetation, bark or other material that will reduce air to the filter? Yes _____ No _____
Is there any indication of biomat or ponding? Yes _____ No _____
Record edge and center depth of the soil cover (inches) Edge _____ Center _____
Is there any indication of disposal field failure or traffic over field? Yes _____ No _____

MAINTENANCE UPGRADES

List any upgrades or replacement parts added to the sand filter. Include company source and description:

FUTURE SERVICE RECOMMENDATIONS

COMMENTS, DRAWINGS OR OTHER OBSERVATIONS

SIGNATURE: _____ **DATE:** _____