

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Constructed Wetland

Service provided on: Date: _____ Time: _____ Reference #: _____

Service provided by: Company: _____ Employee: _____

Date of last service: _____ By: ☐ You ☐ Other: _____

Date of last inspection: _____

1. Constructed wetland: Cell #: _____/_____

a. Media: ☐ None ☐ Gravel, average diameter: _____ in
☐ Other: _____

b. Flow regime: ☐ Surface ☐ Subsurface ☐ Combination

c. Distribution: ☐ Pressure ☐ Gravity

2. Conditions at the constructed wetland

a. Evaluate presence of odor within 10 ft of perimeter of system:

☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour

b. Source of odor, if present: _____

c. Type of border material: _____

d. Border material in good repair. Yes _____ No _____

e. Evidence of water/soil entering wetland. Yes _____ No _____

f. Fence present and operable. N.A. _____ Yes _____ No _____

g. Animal activity at wetland surface. Yes _____ No _____

3. Water level management

a. Header distribution plugged. Yes _____ No _____

b. Water level control option available. Yes _____ No _____

c. Water level adjustment needed. Yes _____ No _____

4. Vegetation

a. Is species appropriate. Yes _____ No _____

b. Is vegetation alive. Yes _____ No _____

c. Replanting needed. Yes _____ No _____

d. Vegetation removal required. Yes _____ No _____

5. Effluent quality

a. Turbidity: _____ NTU

b. Oily film on the surface of effluent. Yes _____ No _____

c. DO in outlet: _____ mg/l

d. pH in outlet: _____

e. Temperature in outlet: _____

f. Bypass or overflow noticed. Yes _____ No _____

g. Effluent odor after passing through wetland:

☐ None ☐ Mild ☐ Strong

h. Effluent color after passing through wetland:

☐ Clear ☐ Brown ☐ Black

6. Additional tasks for subsurface flow wetlands

a. Media surface level. Yes _____ No _____

b. Water level below media surface: _____ in

7. Additional tasks for recirculating wetlands

a. DO in recirculation tank: _____ mg/l

b. Inspected recirculating device. N.A. _____ Yes _____ No _____

c. Cleaned recirculating device. N.A. _____ Yes _____ No _____

d. Design recirculation ratio: _____ :

e. Actual recirculation ratio: _____ :

f. Recirculation changed to: _____ :

*If dam configuration, recirculation device cannot be inspected or cleaned

8. Inspection ports

a. Inspection ports present. Yes _____ No _____

b. Inspection ports intact. Yes _____ No _____

9. Lab samples collected for monitoring. Yes _____ No _____

Types of analysis: _____

NOTES

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. ☐ Acceptable
☐ Unacceptable

6. ☐ Acceptable
☐ Unacceptable

7. ☐ Acceptable
☐ Unacceptable

8. ☐ Acceptable
☐ Unacceptable