

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