



OWS SITE ASSESSMENT

Service Date:

1/1/22

System Reference #:

Fowers, Kristen

<p>1. Surface Water Management</p> <p>a. Is surface water effectively managed or diverted away from the site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is surface water effectively diverted away from system and components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Evaluate the presence of odor within 10 ft of perimeter of the system: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong <input type="checkbox"/> Sour <input type="checkbox"/> Chemical</p> <p>d. Source of odor, if present: _____</p> <p>e. Are the system components free from settling or erosion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1. <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p>
<p>2. Subsurface Water Management</p> <p>a. Type: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Not present</p> <p>b. Is the outlet open to drainage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Is the rodent guard on outlet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Is the sump pump working? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Outlet for sump pump discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p>
<p>3. System Encroachment</p> <p>a. Is the system free from encroachment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Driveways <input type="checkbox"/> Utility easements <input type="checkbox"/> Patios <input type="checkbox"/> Decks <input type="checkbox"/> Livestock <input type="checkbox"/> Gardening <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Construction <input type="checkbox"/> Pets <input type="checkbox"/> Other: _____</p> <p>b. Is the reserve area free from encroachment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>3. <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p>
<p>4. Vegetation and Soils in Absorption Area</p> <p>a. Are trees or heavy root plants present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type(s): _____ Location(s): _____</p> <p>b. Is vegetation excessive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location(s): _____</p> <p>c. Is vegetation uneven? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location(s): _____</p> <p>d. Is vegetation poor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Location(s): _____</p> <p>e. Was soil fertility and salinity sampled (if required)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>4. <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable</p>
<p>5. Groundwater Monitoring Wells (if applicable)</p> <p>a. Are they present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b. Are wells accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Are wells intact? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Are wells properly protected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Are labels and tags in place? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Was groundwater sampled (if required)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Was groundwater measured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable N/A</p>