

PhosRID™ SYSTEM CHECKLIST

Observer: _____ Site/Address: _____

Current Date: _____ Time: _____

Previous Inspection Date: _____ Time: _____

I. System	Comments
Water Reading _____ Water use since last reading _____ (gpd)	

II. Pretreatment System	Comments
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Technology Type _____

1. Observe discharge effluent to PhosRID system for solids carryover _____

III. PhosRID™ Media	Comments
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1. Observe inlet sampling port – confirm no blockage _____

2. Observe and comment on media color _____
other _____

3. Observe outlet sampling port – confirm no blockage or ponding _____

4. Observe color of media effluent _____

5. Describe odor if any _____

IV. Oxygenation Filter	Comments
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Technology Type _____

1. Observe and comment on filter media color _____
other _____

2. Observe outlet sampling port – confirm no blockage or ponding _____

3. Describe odor, if any _____

V. Effluent Pump with Filter	Comments
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1. Inspect the filter for buildup, replace cloth as needed _____

2. Check pump floats _____

3. Exercise pump _____

General Notes and Comments: _____

