

# GEOFLOW SUBSURFACE DRIP WASTEWATER SYSTEM CHECKLIST

## A. Facility/System Information

DEP Transmittal No. \_\_\_\_\_ Facility Address: \_\_\_\_\_

System Installation Date: \_\_\_\_\_ Start of Operation: \_\_\_\_\_

Date of Current Inspection: \_\_\_\_\_ Previous Inspection Date: \_\_\_\_\_

Is Facility Currently Occupied?  Yes  No Number of Residents: \_\_\_\_\_

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## B. System components inspected and observations:

Treatment Unit:  Yes  No  N/A Treatment Technology: \_\_\_\_\_

Attach Inspection Checklist for the Technology

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Pump Chamber:  Yes  No  N/A  
Condition of pump chamber: \_\_\_\_\_

Pump(s) Inspected:  Yes  No  N/A Number \_\_\_\_\_  
Condition of Pumps: \_\_\_\_\_

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Spin Filter: Inspected:  Yes  No Date of Last Cartridge Replacement/Cleaning: \_\_\_\_\_

Air Vents on Laterals:  Yes  No  N/A Inspected/Cleaned:  Yes  No

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System Alarms:  Yes  No  N/A  
Condition of Alarms: \_\_\_\_\_  
Date of Last Alarm Test: \_\_\_\_\_

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Inspection of the Geoflow Disposal Area:

Condition of Soil Absorption System: (wet/dry/firm/soft/vegetative/other) \_\_\_\_\_

Ponding/Dampness/Erosion Anywhere in System?  Yes  No  
Location \_\_\_\_\_

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## C. General

Maintenance Performed Since Last Inspection:

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Comments on System Condition/Operation(note any deficiencies):

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## D. Certification

I certify I have inspected the subsurface drip wastewater disposal system at the address above, have completed this report and the attached technology operation and maintenance checklist, and the information reported is true, accurate, and complete as of the time of the inspection. I am a Massachusetts certified operator in accordance with 257 CMR 2.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MA Certified Wastewater Treatment Facility Operator #: \_\_\_\_\_ Grade: \_\_\_\_\_

System owner is required to have this form submitted, and any required sampling and test results to the local board of health and DEP for Drip Wastewater Disposal System for Remedial Use by January 31<sup>st</sup> of year for the previous year.

Mail To:

Department of Environmental Protection  
Title 5 I/A Program  
One Winter Street, 6<sup>th</sup> Floor  
Boston, Massachusetts 02108