

WETLAND FLOWS CHECKLIST

Permit # MO-_____ Facility _____ Date _____

1. What is the design flow? _____MGD; peak design flow _____MGD
2. What is the actual flow? _____MGD; actual peak flow _____MGD
3. Types of previous treatment: _____
4. Number of cells: _____ Which cells are lined: 0 ____; 1 ____; 2 ____; 3 ____
5. Dimensions of cells: _____
6. Water depth: _____ ft Are cells in series ____ or parallel ____
7. List planted vegetation: _____
8. Is undesirable vegetation present in cell? Yes ____; No ____
9. Is there excessive weed growth on levee? Yes ____; No ____
10. Are there indications of levee erosion? Yes ____; No ____
11. Is there evidence of rodent burrowing in levee? Yes ____; No ____
12. Are there excessive insect populations in the vicinity? Yes ____; No ____
13. How often are wetlands checked? _____
14. What is the frequency of scheduled maintenance? _____
15. Color of water: black ____; brown ____; tan ____; green ____; clear ____
16. Odor: septic ____; earthy ____; none ____; other _____
17. Are operation and maintenance records maintained? Yes ____; No ____
18. What is the frequency of testing? _____
19. What is the: pH ____; D.O. ____; BOD ____; TSS ____; N ____; NH₃-N ____; P _____
20. Are test results acceptable according to permit? Yes ____; No ____
21. What are the most common problems the Operator has had with the wetlands? _____

Comments: _____

