



Presby Environmental, Inc.

The Next Generation of Wastewater Treatment Technology

Monitoring Protocol – 25 Systems

Duration: 2 years from date of installation.

Frequency: A total of 4 monitoring reports on each system beginning within six months of installation and continuing at approximately six month intervals.

Systems 1-25: Presby Environmental and DHSS must agree on systems to be monitored and the system must meet Presby Environmental requirements and DHSS regulations.

Inspection Port Placement: Inspection port is installed as close to the center of the bed as possible. The top of the port shall be at or above grade and extend down to the infiltrative surface. The inspection port monitors cycling liquid within the System Sand bed.

Important Note: The presence of water in the inspection port at any given time is not an indication of performance problems with the Presby system. Treated wastewater and precipitation normally cycle through the system and can appear in the inspection port during this process. This should not be confused with a static liquid level within the System Sand bed. Performance issues may be indicated by a sustained liquid level significantly above the top of the Presby pipes. Keep in mind, due to capillary action, the liquid level within the inspection port may be higher than in the System Sand bed itself.

Inclement Weather: Any significant precipitation prior to, or on the day of, the inspection should be clearly noted in the report.

Survey: The accompanying Survey on the reverse side of this form must be completed in full during each site visit. Not all the information may be available at the time of inspection (i.e. owner unavailable to answer questions, etc.); simply write "N/A" into the field or otherwise note the circumstances to complete the survey.

Criteria: Success of the monitoring protocol shall be controlled by Section **701.025.7** of the *Missouri Laws for Onsite Disposal Systems*. The failure definition for systems in the monitoring protocol shall be: Surface breakout, backup into building, nuisance, or contamination of surface- or groundwater.

Extenuating Circumstances: A system can be removed from the Monitoring Protocol if it is agreed upon by Presby Environmental and DHSS if the malfunction is not the fault of the technology and a different installation will be selected and agreed upon to replace the malfunctioning system. This newly selected system will follow the existing timeline for the system it replaced.

Third Party Evaluator: Presby Environmental and DHSS must agree on Third Party Evaluator(s). This may include soil scientists, county sanitarians, laboratory technicians, or other qualified professionals. In all cases the Third Party Evaluator will not be an employee of Presby Environmental, DHSS, or the installer of the onsite system.

ADVANCED ENVIRO-SEPTIC® SEPTIC SYSTEM CHECKLIST

If information is not available or known, please write N/A in the proper field

Call Presby Environmental at (800) 473-5298 8am-4pm EST for any questions

Date: ___/___/___ Time: ___:___ am/pm Name of Inspector: _____

GENERAL INFORMATION

System Owner: _____ Installation Date: ___/___/___ Type of Facility: _____

Street Address: _____ City: _____ Zip: _____

Date of previous pumping: ___/___/___ Weather day before: _____ Weather today: _____

Problems reported by system owner? Y / N (if yes, describe): _____

During the week prior to sampling:

Were the residents on vacation? Y / N _____

Power failure or extended outage? Y / N _____

Other events? Y / N (if yes, describe): _____

Changes to system since installation? Y / N (if yes, describe): _____

WATER USAGE

Water Meter: _____ Bedrooms: # _____ Bathrooms: # _____ People in Home: # _____ Adults: # _____ Children: # _____

Garbage disposal: Y / N Washer: Y / N Dishwasher: Y / N Water Treatment System: Y / N Swimming Pool: Y / N

Description of residents' activities: _____

(Work outside the home, seasonal, at-home office, etc.)

SYSTEM INFORMATION

Installer: _____ Designer: _____ Tank Size: _____ gallons

of Rows: _____ Serial Distribution: Y / N Pump or Gravity Fed: _____

High Vent: Y / N Low Vent: Y / N Perimeter Drain Present: Y / N Proper Surface Diversion: Y / N

Evidence of System Malfunction (wastewater surfacing or backing up into house): Y / N

Comments: _____

INSPECTION PORT

** Refer to Hydrologic Monitoring Protocol on back **

Liquid present in Inspection Port: Y / N

If yes, what level? : _____ (Measured from top of inspection port)

Comments for Inspection Port: _____

INFORMATIONAL PURPOSES ONLY

Other Comments: _____

INSPECTOR SIGNATURE

Signature: _____ Witness, if any: _____