

Jefferson County On-Site Sewage Program

6 Month Service Report

Reference #: _____

- c. Corrosion present. Yes____No____
d. Spalling present. Yes____No____
e. Cracks present. Yes____No____
f. Root intrusion. Yes____No____

10. Solids accumulation:

Scum (in)	Sludge (in)	Odor	Color	Other

11. Tank pumping recommended. Yes____No____

12. Contractor responsible for pumping: _____

- a. Gal removed:_____Date:_____

13. Screen(s)

- a. Type of screen: ☐ Vault with basket ☐ Vault with filter ☐ In-line screen
b. Was screen cleaned? Yes____No____

Signature_____Printed_____Date_____