

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Disinfection Unit - Chlorine

Service provided on: Date: _____ Time: _____ Reference #: _____
 Service provided by: Company: _____ Employee: _____
 Date of last service: _____ By: ☐ You ☐ Other: _____
 Date of last inspection: _____

NOTES

1. Operation of chlorination system
 - a. Manufacturer: Chlorinator: _____ Dechlorinator: _____
 - b. Model #: _____
 - c. Method: ☐ Tablet ☐ Liquid
 - d. Unit appears to be in good condition. Yes ___ No ___
2. Tablet chlorination: N.A. _____
 - a. Chlorinator appears to be operable. Yes ___ No ___
 - b. Chlorine tablets in place. Yes ___ No ___
Type: _____
 - c. Tablets come in contact with effluent. Yes ___ No ___
 - d. If tablets added, how many: _____
 - e. Contact chamber appears operable. Yes ___ No ___
 - f. Contact chamber and stack feeder cleaned. Yes ___ No ___
 - g. Chlorine residual: ☐ Free ☐ Total _____ ppm
Testing method: _____
3. Liquid chlorinator: N.A. _____
 - a. Chlorine present in reservoir. Yes ___ No ___
Type: _____
 - b. Injection method operating correctly. Yes ___ No ___
Type: _____
 - c. Contact chamber appears operable. Yes ___ No ___
 - d. Proper mixing occurring. Yes ___ No ___
 - e. Chlorine residual: ☐ Free ☐ Total _____ ppm
Testing method: _____
4. Tablet dechlorination: ☐ Required ☐ Not required
 - a. Dechlorination appears operable. Yes ___ No ___
 - b. Dechlorination tablets in place: Yes ___ No ___
Type: _____
 - c. Tablets come in contact with effluent. Yes ___ No ___
 - d. If tablets added, how many: _____
 - e. Contact chamber appears operable. Yes ___ No ___
 - f. Contact chamber and stack feeder cleaned. Yes ___ No ___
 - g. Chlorine residual: ☐ Free ☐ Total _____ ppm
Testing method: _____
5. Control panel: N.A. _____
 - a. Controls operating properly. Yes ___ No ___
 - b. Is enclosure watertight. Yes ___ No ___
 - c. Alarm test switch operating properly. Yes ___ No ___
 - d. At time of inspection, control switch was set to: N.A. _____
"Hand/Manual" ___
"Auto" _____
 - e. If auto, setting: Time On: _____ (min) Time Off: _____ (min)
6. Manufacturer's required maintenance performed. Yes ___ No ___
 (If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

1. ☐ Acceptable
☐ Unacceptable

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____