Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Aerobic treatment unit (ATU)

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

NOTES

1. Type of ATU:
   □ Suspended-growth □ Attached-growth □ Sequencing batch reactor
   □ Combination attached/suspended-growth
   □ Rotating biological contactor □ Other:_____
   a. Manufacturer:_____ Model #: _____
2. Conditions at the ATU
   a. Evaluate presence of odor within 10 ft of perimeter of system:
      □ None □ Mild □ Strong □ Chemical □ Sour
   b. Source of odor, if present: _____
   c. Was foam/residue observed outside the unit. Yes____No_____
3. ATU access
   a. Located at grade. Yes____No_____
   b. If 'No', how deep is tank buried. _____
   c. Risers on tank. Yes____No_____
   d. Evidence of infiltration in the risers. Yes____No_____
   e. Lids securely fastened. Yes____No_____
   f. Lids in operable condition. Yes____No_____
4. Venting/Air supply
   a. Air supply method:
      □ Aspirator □ Aerator □ Compressor □ Blower □ Free air (go to 4.g)
   b. Operation: □ Continuous □ Timed (On: _____min, Off: ____ min)
   c. Air supply unit operating properly. Yes____No_____
   d. Pressure at air supply unit: _____psi
   e. Air flow at air supply unit: _____cfm
   f. Air filter/screen: □ Cleaned □ Replaced
   g. Venting appears operable. Yes ____No____
5. Aeration chamber
   a. Mixing in aeration chamber. Yes____No_____
   b. DO in aeration chamber: _____mg/L
   c. pH in aeration chamber: _____
   d. Temperature in aeration chamber: _____
   e. Settle-ability test:
      Settled ___%, Floating ___% in _____ min
   f. Biomass color in the aeration chamber:
      □Brown □ Black
   g. Sludge pumping recommended. Yes____No_____
6. Additional tasks for attached-growth: media evaluation
   a. Plugging. Yes____No_____
   b. Floating. Yes____No_____
   c. Media washed. Yes____No_____
      If washed, indicate method used: □ Air □ Water
   d. Media replaced. Yes____No_____
7. Clarification chamber
   a. Scum layer. Yes____No_____
      If yes, thickness: _____in
   b. Clear zone depth below outlet: _____in
   c. Effluent screen/tertiary filter cleaned. N.A.___Yes_____No_____

2. □ Acceptable □ Unacceptable

3. □ Acceptable □ Unacceptable

4. □ Acceptable □ Unacceptable

5. □ Acceptable □ Unacceptable

6. □ Acceptable □ Unacceptable

7. □ Acceptable □ Unacceptable

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d. DO in clarifier: _____mg/L
e. pH in clarifier: _____
f. Temperature in clarifier: _____
g. Effluent odor after passing through unit:
□ None □ Mild □ Strong
h. Effluent color after passing through unit:
□ Clear □ Brown □ Black
i. Effluent turbidity: _____NTU

8. Sludge return operating: □ Passive □ Active
   a. If active, pump was checked manually. N.A.___ Yes____No_____
   b. If active, pump operating properly. N.A.___ Yes____No_____
9. 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)
10. Alarm(s): N.A._____
   a. Types: □ Air pressure □ High water □ Remote
   b. Alarms operating. Yes____No_____
   c. Alarm readings:

		Reading (present)	Reading (last)	Difference	N.A.
i.	ETM			hours	
ii.	Alarm Counter			Events (NC)	

Elapsed time in alarm status: _____(PTR) - _____(LTR) = _____Time (hours)
Number of alarm events: _____(PACR) - _____(LACR) = _____Events (number)

   d. Battery backup charged. N.A.___Yes____No_____
   e. Telemetry operable. N.A.___ Yes____No_____
11. Manufacturer's required maintenance performed. Yes____No_____
(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)
12. Lab samples collected for monitoring. Yes____No_____
Types of analysis:_____
_____
_____

8. □ Acceptable
□ Unacceptable

9. □ Acceptable
□ Unacceptable

10. □ Acceptable
□ Unacceptable

ETM: elapsed time meter
LACR: last alarm counter reading
LTR: last time reading
NC: number of cycles
PACR: present alarm counter reading
PTR: present time reading

Signature_____ Printed _____Date_____