Jefferson County On-Site Sewage Program
6 Month Service Report

Operational Checklist: Pump: Demand-Dosed System (Including siphons)

Service provided on: Date:_____ Time:_____ Reference #:_____

Service provided by: Company: _____ Employee:_____

Date of last service: _____ By: You   Other:_____

Date of last inspection: _____

System type: Pump   Siphon

1. Controls
   a. Type: Piggy back   Control panel
   b. Controls operating properly.   Yes _____ No_____
   c. Is enclosure watertight.   Yes _____No_____
   d. Alarm test switch working properly.   Yes _____No_____
   e. At time of inspection, control switch (HAND-OFF-AUTO) was set at:
                                    "Hand/Manual"_____
                                    "Auto"_____
                                    "Off"_____
   f. Electrical meter readings:

		Reading (this)	Reading (last)	Difference	N.A.
i)	ETM			min	
ii)	Cycles/events			Events (NC)	

   Calculate cycles/day: _____ [NC] / [Days] = _____ [CPD]
   g. Telemetry operational.   N.A.: _____Yes _____No_____
                                    Type:_____

2. Pump/Siphon
   a. Siphon operating properly.   N.A.: _____Yes _____No_____
   b. Pump operating properly.   Yes _____No_____
   c. Type of pump: Multi-stage   Single-stage
   d. Amps measured: _____amps
   e. Voltage measured: _____volts
   f. Pump turns on/turns off.   Yes _____No_____

3. Water level sensors
   a. Type of water level sensor: Floats   Pressure transducers
                                Ultrasonic   Other: _____
   b. Pump floats/sensors functioning properly.   Yes _____No_____
   c. Alarm float/sensor operating both audible and visible. Yes _____ No_____

4. Sensor settings:

Sensor Number*	Function	Operational	Set At**		Secured
			Inches	Datum	
1		Yes___ No___			Yes___ No___
2		Yes___ No___			Yes___ No___
3		Yes___ No___			Yes___ No___
4		Yes___ No___			Yes___ No___
5		Yes___ No___			Yes___ No___

(Designate starting from bottom of tank)
** (Measurements are taken from a fixed point ("Datum") near the surface or bottom of float tree in *inches*)

5. Dose volume (DV)
   a. Pump Off – Pump On = _____in pumped (dose)
   b. GPI: _____   (Form 6.1 – Item 3.e)
          _____dose (in) x _____GPI =_____ DV(gal)

NOTES
1. Acceptable
   Unacceptable

2. Acceptable
   Unacceptable

3. Acceptable
   Unacceptable

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6. Pump delivery rate (PDR)
    a. Dose volume (from Item 5): _____ gal
    b. Verified pump run time "On": _____ min
        _____ gal pumped ÷ _____ min = _____ GPM
7. Total gallons
    a. Method to activate pump: Water added   Lifted float
    b. Total gallons (from elapsed time meter)
        [_____(PTR) - _____(LTR)] x _____(GPM) = _____Total Gal
        OR Total gallons (from event/cycle counter)
        [_____(PCR) - _____(LCR)] x _____(DV)   = _____Total Gal
8. Gallons per day (GPD)
    a. _____Total gal ÷ _____No. of days = _____Gal/day (GPD)

CPD: Cycles per day
DV: dose volume
ETM: Elapsed time meter
GPI: gallons per inch
GPM: gallons per minute
GPD: gallons per day
HAND-OFF-AUTO: Hand-Off-Auto Switch
LCR: last cycle reading
LTR: last time reading
PCR: present cycle reading
PDR: pump delivery rate
PTR: present time reading

Signature_____ Printed _____Date_____