

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Low-Pressure Drainfield (LPP)

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

1. Effluent quality: ☐ Aerobic ☐ Septic tank effluent (anaerobic)

Type of low-pressure drainfield: ☐ Low-pressure pipe ☐ Shallow narrow drainfield

NOTES

2. Conditions at the LPD

- a. Topography: ☐ Level ☐ Sloping: _____ % slope
 b. Evaluate presence of odor within 10 ft of perimeter of system:
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
 c. Source of odor, if present: _____
 d. Indications of leaks around/above system. Yes _____ No _____
 e. Vegetation appropriate. Yes _____ No _____
 f. Excessive vegetative growth. Yes _____ No _____
 g. Vegetation adequately maintained. Yes _____ No _____
 h. Preventing accessibility for maintenance. Yes _____ No _____

3. Supply line

- a. Line drains freely. Yes _____ No _____
 b. Ponding or saturation present along parts of the supply line. N/A _____ Yes _____ No _____
 c. Air relief(s) valve operating. N/A _____ Yes _____ No _____

4. Switching valves

- a. Switching valve present. Yes _____ No _____
 b. Type of valve: _____
 c. Operating properly. Yes _____ No _____
 d. Action taken if not: _____
 e. Laterals/zones in operation: _____

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. Soil treatment area information:

Zone #	Lateral #	Distal Head		Ponding Yes - No (in)	Surfacing Effluent		Lateral Ends			Root Intrusion (Yes - No)	Other Obstruction (Specify)
		Operating at (in)	Adjusted to (in)		(Yes - No)	Distance Traveled (in)	Intact	Protected	Accessible		

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6. Orifices

a. Position: ☐ 6 o'clock

☐ 12 o'clock

b. Orifices cleaned.

Yes ____ No ____

c. Method: ☐ Hydrojetted

☐ Bottlebrushed

☐ Flushed

☐ Other: _____

7. Elevated system:

N/A _____

a. Surfacing effluent present.

Yes ____ No ____

6. ☐ Acceptable
☐ Unacceptable

7. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____