

# Jefferson County On-Site Sewage Program

## 6 Month Service Report

### Operational Checklist: Disinfection Unit - Ozone

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

#### NOTES

1. Ozone generator
  - a. Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_
  - b. Air supply: ☐ Free air ☐ Pure oxygen
  - c. Ozone generator operating properly. Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Filter/Screen: ☐ Cleaned ☐ Replaced
2. Wastewater delivery system operating properly. Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. Dosing method: ☐ Pressure-dosed ☐ Gravity-dosed
3. Contact chamber
  - a. Proper mixing. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Cracks/leaks present. Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. DO concentration: \_\_\_\_\_ ppm
4. Ventilation appears operable. Yes \_\_\_\_\_ No \_\_\_\_\_
5. Housing unit: Location: \_\_\_\_\_
  - a. Appears in good condition. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Leaks/cracks present. Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Excessive dust present. Yes \_\_\_\_\_ No \_\_\_\_\_
6. Ozone sensor
  - a. Sensor functioning. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. If 'yes', what was the reading: \_\_\_\_\_ ppm
  - c. Safety alarm present. Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Alarm operating properly. Yes \_\_\_\_\_ No \_\_\_\_\_
7. 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)
8. Manufacturer's required maintenance performed. Yes \_\_\_\_\_ No \_\_\_\_\_  
(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)

1. ☐ Acceptable  
☐ Unacceptable
2. ☐ Acceptable  
☐ Unacceptable
3. ☐ Acceptable  
☐ Unacceptable
4. ☐ Acceptable  
☐ Unacceptable
5. ☐ Acceptable  
☐ Unacceptable
6. ☐ Acceptable  
☐ Unacceptable
7. ☐ Acceptable  
☐ Unacceptable

Signature \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_