

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Gravity Distribution (Including Pump-to-Gravity)

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

1. Type

a. Method for dosing to field:

☐ Gravity-to-gravity ☐ Pump-to-gravity ☐ Siphon-to-gravity

b. Method for distribution in the field:

☐ Above grade ☐ Bed ☐ Sequential trench
☐ Parallel trench ☐ Serial trench

2. Conditions at the drainfield site

a. Evaluate presence of odor within 10 ft of perimeter of system:

☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour

b. Source of odor, if present: _____

c. Indications of leaks around/above system. Yes _____ No _____

d. Vegetation appropriate. Yes _____ No _____

e. Excessive vegetative growth. Yes _____ No _____

f. Vegetation adequately maintained. Yes _____ No _____

g. Preventing accessibility for maintenance. Yes _____ No _____

3. Distribution device

a. Type: ☐ Distribution box ☐ Drop box ☐ Header

☐ Pressure manifold ☐ Other: _____

b. If pressure manifold, distal head: _____

c. Accessible. Yes _____ No _____

d. Intact, providing equal distribution. Yes _____ No _____

e. Free of solids. Yes _____ No _____

f. If 'No,' depth of solids below outlet: _____ in

g. Root intrusion. Yes _____ No _____

4. Distribution in field

a. Soil treatment area information:

NOTES

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

Lateral #	Ponding		Surfacing Effluent		Distance Effluent Traveled	Lateral ends	Roots	Obstructions	Notes	Status
	Yes – No	Depth (in)	Yes	No						
1			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
2			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
3			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
5			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
6			<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

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Other Areas where Effluent is surfacing.	<input type="checkbox"/>	<input type="checkbox"/>	Location:					<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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5. Inspection ports
- a. Inspection ports present. Yes____No____
- b. Inspection ports intact. Yes____No____
6. Switching valves
- a. Switching valve present. Yes____No____
- b. Type of valve:_____
- c. Operating properly. Yes____No____
- d. Action taken if not:_____
- e. Laterals in operation: _____

5. ☐ Acceptable
☐ Unacceptable
6. ☐ Acceptable
☐ Unacceptable

Signature_____ Printed _____ Date_____