

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Dripfield

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

NOTES

1. Conditions at the drip distribution zone
 - 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 _____
2. Drip filter
 - a. Type of filter:
☐ Sand ☐ Screen ☐ Disk ☐ Other: _____
 - b. Filter in place. Yes _____ No _____
 - c. Pre-filter pressure: _____ PSI
 - d. Post-filter pressure: _____ PSI
 - e. Filter: ☐ Cleaned ☐ Replaced
 - f. Automatic cleaning operational. N.A. _____ Yes _____ No _____
 - g. By-pass flow operating. N.A. _____ Yes _____ No _____
 - h. Boxes insulated. N.A. _____ Yes _____ No _____
 - i. Heater pad operational. N.A. _____ Yes _____ No _____
3. Effluent flow metering
 - a. Flow meter:
 Current (PFR): _____ gal Date: _____
 Previous (LFR): _____ gal Date: _____
 Differential ([PFR – LFR] / days):
 _____ gpd Days: _____
4. Switching valves
 - a. Switching valve present. Yes _____ No _____
 - b. Type of valve: _____
 - c. Operating properly. Yes _____ No _____
 - d. Action taken if not: _____
5. Field flushing: ☐ None ☐ Manual ☐ Automatic ☐ Continuous
 - a. Operational. Yes _____ No _____
 - b. Field flushing operation:

1. ☐ Acceptable
☐ Unacceptable

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

Zone	Manually Flushed Zones	Operating Pressure (PSI)		Zone Flushing				Field Dosing			
		Dosing	Flushing	ETM		CC		ETM		CC	
				PFTR	LFTR	PFCR	LFTR	PFTR	LFTR	PFCR	LFTR

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6. Zone operation:

Zone	Flow Rate (gpm)	Total Flow (gal) <i>(since last visit)</i>	Air/Vacuum relief operating	Surfacing Effluent

7. Manufacturer's required maintenance performed. Yes____No____
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

CC- cycle counter
ETM- elapsed time meter
GPM- gallons per minute
LFCR- last flushing cycle reading
LFR- last flow meter reading
LFTR- last flushing time reading
PFCR- present flushing cycle reading
PFR- present flow meter reading
PFTR- present flushing time reading
PSI- pounds per square inch
TT- total time

Signature_____ Printed _____ Date _____