

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Lagoon Maintenance

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

1. Lagoon: Cell #: _____ / _____
 - a. Type: ☐ Aerobic ☐ Facultative
2. Conditions at the lagoon
 - a. Evaluate presence of odor within 10 ft of perimeter of system:
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
 - b. Source of odor, if present: _____
 - c. Color of lagoon water:
☐ Clear ☐ Green ☐ Purple ☐ Other: _____
 - d. Sludge pumping necessary. Yes _____ No _____
 - e. Animal activity at surface. Yes _____ No _____
3. Border around lagoon
 - a. Type of border material: _____
 - b. Border effective and in good repair. Yes _____ No _____
 - c. Evidence of water/soil entering lagoon. Yes _____ No _____
 - d. Berm free of burrowing animals. Yes _____ No _____
 - e. Berm protected from erosion. Yes _____ No _____
 - f. Trees present on the berm. Yes _____ No _____
 - g. Fencing is present and operable. Yes _____ No _____
4. Vegetation in lagoon
 - a. Floating vegetation present. Yes _____ No _____
 - b. If yes, vegetation removed. Yes _____ No _____
 - c. Vegetation at edges present. Yes _____ No _____
5. Water level management
 - a. Water level below freeboard: _____ ft
 - b. Water level relative to: ☐ Berm _____ in
☐ Above ☐ Below

NOTES

2. ☐ Acceptable
☐ Unacceptable
3. ☐ Acceptable
☐ Unacceptable
4. ☐ Acceptable
☐ Unacceptable
5. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____