## **Jefferson County On-Site Sewage Program**

## **6 Month Service Report**

**Operational Checklist: Septic, Trash and Processing Tank** Service provided on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Reference #:\_\_\_\_\_ Service provided by: Company: Employee: Date of last service: By: You Other: Date of last inspection: Type: 1. Septic tank Trash tank **NOTES** Processing tank Pump vault present Conditions at the tank Acceptable a. Evaluate presence of odor within 10 ft of perimeter of system: Unacceptable Mild Strong Chemical Sour b. Source of odor, if present: \_\_\_ Tank description Concrete a. Material: Fiberglass Plastic b. Capacity: c. Compartmented. Yes No d. Capacities for compartmented system: 1)\_ gal 2) \_\_\_ 4. Tank access Acceptable a. Access location: Inlet Outlet Center Unacceptable Located at grade. No c. If 'No', how deep is lid buried. d. Risers on tank. Yes No e. Evidence of infiltration in risers. Yes No f. Lids securely fastened. Yes No g. Lid in operable condition. Yes No 5. Alarm(s) Acceptable a. Alarm(s) present. Yes No Unacceptable b. Audio alarm operational. N.A. Yes No No\_ c. Visual alarm operational. N.A.\_\_\_Yes d. Remote telemetry operational. No\_ N.A. Yes e. Electronic monitoring operational. Yes N.A. No Acceptable 6. Current tank operating conditions Unacceptable a. Liquid level relative to outlet: in Above Below At Maximum liquid level of tank (invert of inlet pipe):\_\_\_\_ \_\_in Height at which alarm is activated as measured from invert of inlet: in d. Evidence liquid level has been higher. Yes No e. Evidence liquid level dropped without pumping. Yes No f. Evidence of continuous inflow. No\_\_\_ Yes Date of last pumpout: Presence of flocculant in clear zone. Yes No Evaluation of layers in tank: Compartment Scum (in) Clear Zone (in) Sludge (in) Odor Other Number Depth Color\* Depth Color Depth Color 2 \*Color Choices: Clear Flocced Milky Muddy Grainy Black Brown Mustard Gray White

Yes\_\_\_No\_\_\_

7. Tank pumping recommended.

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Reference #:\_\_\_\_

a. Inlet baffle in place. b. Outlet baffle in place. c. Compartment baffle in place. N.A. Yes No Handiacturer: Model: e. Is screen accessible from ground surface. f. If screened, percent plugged: g. Was screen cleaned. 9. Tank structural condition (evaluate if tank pumped): N.A. Appears to be watertight (no visual leaks). Yes No Bagling present. C. Corrosion present. G. Carcks present. F. Root intrusion. G. Deflection noted. N.A. Yes No Baffle in place. N.A. Yes No Gardiacturer  Date:  Signature  Printed  Unacceptable  Date:  Signature  Date:  Date:	8.	Baffles	currently structurally sound.		Yes	No	8.	Acceptable
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a. Gal removed: Date:		g.	Deflection noted.	N.A	Yes_	No		
	10.	Contrac	tor responsible for pumping:					
		a.	Gal removed:	Date:				
Signature Printed Date								
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