

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: _____

1. Type:

- ☐ Septic tank ☐ Trash tank
☐ Processing tank ☐ Pump vault present

2. Conditions at the tank

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

☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour

b. Source of odor, if present: _____

3. Tank description

a. Material: ☐ Concrete ☐ Fiberglass ☐ Plastic

b. Capacity: _____ gal

c. Compartmented. Yes ____ No ____

d. Capacities for compartmented system: 1) _____ gal 2) _____ gal

4. Tank access

a. Access location: ☐ Inlet ☐ Outlet ☐ Center

b. Located at grade. Yes ____ 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)

a. Alarm(s) present. Yes ____ No ____

b. Audio alarm operational. N.A. ____ Yes ____ No ____

c. Visual alarm operational. N.A. ____ Yes ____ No ____

d. Remote telemetry operational. N.A. ____ Yes ____ No ____

e. Electronic monitoring operational. N.A. ____ Yes ____ No ____

6. Current tank operating conditions

a. Liquid level relative to outlet: _____ in
☐ At ☐ Above ☐ Below

b. Maximum liquid level of tank (invert of inlet pipe): _____ in

c. 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. Yes ____ No ____

g. Date of last pumpout: _____

h. Presence of flocculant in clear zone. Yes ____ No ____

i. Evaluation of layers in tank:

Compartment Number	Scum (in)		Clear Zone (in)		Sludge (in)		Odor	Other
	Depth	Color*	Depth	Color	Depth	Color		
1								
2								

*Color Choices: ☐ Clear ☐ Flocced ☐ Milky ☐ Muddy ☐ Grainy
☐ Black ☐ Brown ☐ Mustard ☐ Gray ☐ White

7. Tank pumping recommended. Yes ____ No ____

NOTES

2. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. ☐ Acceptable
☐ Unacceptable

6. ☐ Acceptable
☐ Unacceptable

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Reference #: _____

8. Baffles currently structurally sound. Yes____ No____
- a. Inlet baffle in place. Yes____ No____
- b. Outlet baffle in place. Yes____ No____
- c. Compartment baffle in place. N.A. _____ Yes____ No____
- d. Effluent screen. Yes____ No____
- Manufacturer: _____ Model: _____
- e. Is screen accessible from ground surface. Yes____ No____
- f. If screened, percent plugged: _____ %
- g. Was screen cleaned. Yes____ No____
9. Tank structural condition (evaluate if tank pumped): N.A. _____
- a. Appears to be watertight (no visual leaks). Yes____ No____
- b. Rebar exposed. Yes____ No____
- c. Corrosion present. Yes____ No____
- d. Spalling present. Yes____ No____
- e. Cracks present. Yes____ No____
- f. Root intrusion. Yes____ No____
- g. Deflection noted. N.A. _____ Yes____ No____
10. Contractor responsible for pumping: _____
- a. Gal removed: _____ Date: _____

8. ☐ Acceptable
☐ Unacceptable

9. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____