

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Pump: Time-Dosed System

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

NOTES

1. Controls

Timer manufacturer: _____

- a. Is enclosure watertight. Yes _____ No _____
- b. Alarm test switch working properly. Yes _____ No _____
- c. At time of inspection, timer was set at: "On" _____ Mode setting _____
 "Off" _____ Mode setting _____
- d. At time of inspection, control switch (HAND-OFF-AUTO) was set at:
 "Hand/Manual" _____
 "Off" _____
 "Auto" _____
- e. If timer was changed from above, new setting is: "On" _____ Mode setting _____
 "Off" _____ Mode setting _____
- f. Electrical meter readings:

		Reading (this)	Reading (last)	Difference	N.A.
i)	ETM			min	
ii)	Cycles/events			Events (NC)	

Calculate cycles/day: _____ [NC] / [Days] = _____ [CPD]

- g. Telemetry operational. N.A. _____ Yes _____ No _____
 Type: _____

2. Pump

- a. Pump operating properly. Yes _____ No _____
- b. Type of pump: ☐ Multi-stage ☐ Single-stage
- c. Amps measured: _____ amps
- d. Voltage measured: _____ volts
- e. Pump turns on/turns off. Yes _____ No _____

3. Water level sensors

- a. Type of water level sensor: ☐ Floats ☐ Pressure transducers
☐ Ultrasonic ☐ Other: _____
- b. Pump sensors functioning properly. Yes _____ No _____
- c. Alarm sensor operating audible and visible alarms. Yes _____ No _____

4. Sensor settings:

Sensor Number*	Function	Operational	Set At:		Secured
			Inches**	Datum	
1		Yes _____ No _____			Yes _____ No _____
2		Yes _____ No _____			Yes _____ No _____
3		Yes _____ No _____			Yes _____ No _____
4		Yes _____ No _____			Yes _____ No _____
5		Yes _____ No _____			Yes _____ No _____

*(Designate starting from bottom of tank)

** Measurements are taken from a fixed point ("Datum") near the surface or bottom of float tree in inches)

5. Pump delivery rate (PDR) (measured)

- a. Pump Off _____ – Pump On _____ = _____ in
- b. GPI: _____ (From Form 6.1 – Item 3 e)
- c. Verified pump run time: _____ min

(_____ In x _____ GPI) ÷ Pump run time (min) = _____ (GPM)

1. ☐ Acceptable
☐ Unacceptable

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

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6. Dose volume (DV) (from timer setting)
 - a. Pump delivery rate: _____ GPM (from Item 5)
 - b. Verified pump run time: _____ min
_____ GPM x _____ min/cycle = _____ (DV[Gal/ cycle])
7. Total gallons (from elapsed time meter)
 - a. [_____ (PTR) - _____ (LTR)] x _____ (GPM) = _____ Total Gal
OR Total gallons (from event/cycle counter)
[_____ (PCR) - _____ (LCR)] x _____ (DV) = _____ Total Gal
8. Gallons per day (GPD)
_____ Total gal ÷ _____ No of days = _____ Gal./Day (GPD)

CPD: cycles per day

DV: dose volume

ETM: elapsed time meter

GPD: gallons per day

GPI: gallons per inch

GPM: gallons per minute

HAND-OFF-AUTO: Hand-Off-Auto Switch

LCR: last cycle reading

LTR: last time reading

PCR: present cycle reading

PDR: pump delivery rate

PTR: present time reading

Signature _____ Printed _____ Date _____