

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Bottomless Peat Filter

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 drainfield site
 - a. Evaluate presence of odor within 10 ft of perimeter of system:
☐ None ☐ Mild ☐ Strong ☐ Chemical ☐ Sour
 - b. Source of odor, if present: _____
2. Media surface
 - a. Top of filter media in good condition. Yes____No____
 - b. Uniform distribution or spray pattern noticed. Yes____No____
 - c. Ponding in media. Yes____No____
 - d. Media in need of cleaning. Yes____No____
 - e. Additional media needed. Yes____No____
 - f. Date of last media replacement: _____
 - g. Media in need of replacement. Yes____No____
 - h. Appropriate maintenance performed. Yes____No____
3. Pressure distribution: N.A. _____
 - a. Distal head before cleaning
 - i) Equal height. Yes____No____
 - ii) Height (inches): _____in
 - b. Lateral condition
 - i) Laterals in need of cleaning. Yes____No____
 - ii) Laterals cleaned. Yes____No____
 - iii) Method for cleaning laterals: _____
 - c. Distal head after cleaning
 - i) Equal height. Yes____No____
 - ii) Height (inches): _____in
4. Manufacturer's required maintenance performed. Yes____No____
(If 'Yes', attach Manufacturer Inspection form to this report, if supplied)

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____