

Jefferson County On-Site Sewage Program

6 Month Service Report

Operational Checklist: Bottomless Sand Filters and Mounds

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

NOTES

1. Type: ☐ Bottomless sand filter ☐ Mound system
2. 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: _____
 - c. Indications of leaks around/above system. Yes____No____
 - d. Vegetation appropriate. Yes____No____
 - e. Excessive vegetative growth. Yes____No____
 - f. Vegetation adequately maintained. Yes____No____
 - g. Preventing accessibility for maintenance. Yes____No____
3. Media surface
 - a. Biomat on surface. Yes____No____
 - b. Uniform gravity distribution. N.A.____Yes____No____
 - c. Uniform spray pattern. N.A.____Yes____No____
 - d. Ponding in media. Yes____No____
 - e. Plugging/clogging of distribution components. Yes____No____
 - f. Media appears to be settling. Yes____No____
 - g. Appropriate maintenance performed. Yes____No____
 - h. Animal activity at surface. Yes____No____
4. 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
5. Additional requirements for mounds
 - a. Ponding at toe/sides. Yes____No____
 - b. Seepage at toe/sides. Yes____No____
6. Inspection ports
 - a. Inspection ports present. Yes____No____
 - b. Inspection ports intact. Yes____No____

2. ☐ Acceptable
☐ Unacceptable

3. ☐ Acceptable
☐ Unacceptable

4. ☐ Acceptable
☐ Unacceptable

5. ☐ Acceptable
☐ Unacceptable

6. ☐ Acceptable
☐ Unacceptable

Signature _____ Printed _____ Date _____