Jefferson County On-Site Sewage Program 6 Month Service Report

Operational Checklist: Disinfection Unit – Ultraviolet Light

Service provided on: Date: Time: Service provided by: Company:		rence #: loyee:	
Dat	te of last service: By: te of last inspection:	You Other:	
Da			NOTES
1.	Power supply	1	A 1 1 .
		ity fed 1.	Acceptable
	b. Manufacturer: Model #:		Unacceptable
	c. Power supplied to the unit. Yes	_No	
	d. UV lamp 'ON'. Yes	_No	
		_No	
	f. Ballast replaced during this visit. Yes	No	
	g. Last replacement date:/	/	
2.	UV controls 2. Unit equipped with a lamp intensity sensor Ves No. 2. Acc		Acceptable
	a. Unit equipped with a lamp intensity sensor. Yes	_No 2.	Unacceptable
	b. If so, what was intensity reading:		Onacceptable
	c. Alarm present. Yes		
2	d. Alarm operating properly. Yes <u>No</u>		Acceptable
3.	Contact chamber, lamp, and sleeve conditions		Unacceptable
	a. Evidence of damage or leakage. Yes	No	Unacceptable
	b. Contact chamber cleaned/flushed of solids. Yes	No	
		Other:	
	d. Protective sleeve free of buildup. Yes e. Protective sleeve cleaned. Yes		
	· · · · · · · · · · · · · · · · · · ·	_No	
		No	
	U I	/ No	
	 h. UV lamp replaced during this visit. Yes/ i. Date last replaced:/ 	NO	
4	Influent characteristics	/ 4.	Acceptable
4.		NTU T.	Unacceptable
	a. Turbidity: b. Flow rate:		Onacceptable
	c. Indicate wastewater characteristics that may compromise treatment:		
5.	Control panel: N.A	5.	Acceptable
0.	a. Controls operating properly. Yes	0.	Unacceptable
		No	Ondeceptuole
		No	
	d. At time of inspection, control switch was set to: N.A		
		Manual"	
	e. If auto, setting: Time on: (min) Time off:		
6.			Acceptable
	a. Appears in good condition. Yes	0.	Unacceptable
	b. Leaks/Cracks present. Yes	No	chaeceptable
	c. Excessive dust present. Yes	No	
7.	Manufacturer's required maintenance performed. Yes	No	
	(If 'Yes', attach Manufacturers Inspection form to this report, if supplied)		