

Product information presented here reflects conditions at time of publication. Consult factory regarding discrepancies or inconsistencies.



ENVIRONMENTAL

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Fusion® Series Treatment System

**MODELS ZFL-1120 - ZFL-2400
 MAINTENANCE AND SERVICE REPORT**

Date: _____ **Arrival Time:** _____ **Weather:** _____
Purpose of Visit: Routine Inspection Service Call Other (Description): _____ **Water use:** _____ gallons
Model Number: 1120 1440 1680 2000 2400 Other: _____ **Serial Number:** _____ **Septic tank present?** Yes No

System Owner Information		Service Provider Information	
Name:		Name:	
Street Address:		Street Address:	
City:	Phone:	City:	Phone:
State:	Email:	State:	Cell:
Zip Code:	Number of bedrooms:	Zip Code:	Email:
County:	Number of residents:	Technician:	Fax:

General Observations

Odors present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description: _____ _____ _____ _____ _____
Insects present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evidence of high water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Excess foam formation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residue build-up on piping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Even and vigorous bubbling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Required Water Quality Analyses	Anaerobic Filtration Chamber	Sedimentation Chamber
Clean Water Storage Chamber		
pH _____		
Nitrite (NO ₂ ⁻ -N) _____ mg/L	Transparency _____ cm	Scum _____ in.
Transparency _____ cm	Scum _____ in.	Sludge _____ in.
Scum (transfer if present) _____ in.	Sludge _____ in.	Sludge description (check all that apply):
Sludge _____ in.	Sludge description (check all that apply):	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Clear <input type="checkbox"/> Flocced <input type="checkbox"/> Grainy
Sludge description (check all that apply):	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Clear <input type="checkbox"/> Flocced <input type="checkbox"/> Grainy	<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Clear <input type="checkbox"/> Flocced <input type="checkbox"/> Grainy
<input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Clear <input type="checkbox"/> Flocced <input type="checkbox"/> Grainy	<input type="checkbox"/> Gray <input type="checkbox"/> Milky <input type="checkbox"/> Muddy <input type="checkbox"/> Mustard <input type="checkbox"/> White	<input type="checkbox"/> Gray <input type="checkbox"/> Milky <input type="checkbox"/> Muddy <input type="checkbox"/> Mustard <input type="checkbox"/> White
<input type="checkbox"/> Gray <input type="checkbox"/> Milky <input type="checkbox"/> Muddy <input type="checkbox"/> Mustard <input type="checkbox"/> White		

Optional Water Quality Analyses	Anaerobic Filtration Chamber	Sedimentation Chamber
Clean Water Storage Chamber		
pH _____	pH _____	pH _____
Nitrate (NO ₃ ⁻ -N) _____ mg/L	Nitrite (NO ₂ ⁻ -N) _____ mg/L	Nitrite (NO ₂ ⁻ -N) _____ mg/L
Ammonia (NH ₃ -N) _____ mg/L	Nitrate (NO ₃ ⁻ -N) _____ mg/L	Nitrate (NO ₃ ⁻ -N) _____ mg/L
	Ammonia (NH ₃ -N) _____ mg/L	Ammonia (NH ₃ -N) _____ mg/L
		Transparency _____ cm
Dissolved Oxygen (D.O.) _____ mg/L	Dissolved Oxygen (D.O.) _____ mg/L	Dissolved Oxygen (D.O.) _____ mg/L
Temperature _____ °C	Temperature _____ °C	Temperature _____ °C

Cleaning

Aerobic Contact Filtration Chamber	Anaerobic Filtration Chamber
Recirculation System Piping	Gas release or bubbles on water surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
Aeration line flushed with air (blue valve)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sludge transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No
Recirculation pipe flushed (gray valve)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pumping recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Scum transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sludge transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sedimentation Chamber
Storage Chamber	Scum broken down? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effluent valve flushed (white valve)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pumping recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Blower	Control Panel
Blower filter <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Visual indicator operational? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diaphragms replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Audible indicator operational? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the blower functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the control panel functioning properly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the blower housing ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Final Settings

Aerobic Contract Filtration Chamber Settings	Storage Chamber Settings
Adjusted recirculation valve position _____ % _____ Sec/L	Adjusted effluent valve position _____ %