

Form 6-1 Operational Checklist: Pump tank (PT)

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

1. Type:

- Pump tank Siphon tank Surge/Flow equalization tank
 Processing tank Recirculation tank Internal pump basin sump

a. Pump intake depth: _____

2. Conditions at the pump tank

a. Evaluate presence of odor within 10 feet of perimeter of system:

- None Mild Strong Chemical Sour

b. Source of odor, if present: _____

3. Tank description

- a. Material: Concrete Fiberglass Plastic
 b. Capacity: _____ gal
 c. Surface area: _____ sq ft
 d. Operational depth: _____ in
 e. Gallons per inch (GPI): _____ gal/in

4. Tank access

- a. Access location: Inlet Outlet Center
 b. Located at grade. Yes ___ No ___
 c. If 'No', how deep is lid buried. _____
 d. Risers on tank. Yes ___ No ___
 e. Evidence of infiltration in risers. Yes ___ No ___
 f. Lids securely fastened. Yes ___ No ___
 g. Lid in operable condition. Yes ___ No ___

5. Current tank operating conditions

- a. Liquid level relative to outlet: _____ in
 At Above Below
 b. Maximum liquid level of tank (invert of inlet pipe): _____ in.
 c. Height at which alarm is activated as measured from top of maximum liquid level: _____ in
 d. Evidence liquid level has been higher. Yes ___ No ___
 e. Evidence liquid level dropped without pumping. Yes ___ No ___
 f. Evidence of continuous inflow. Yes ___ No ___
 g. Date of last pumpout: _____

6. Pump/Siphon

- a. Pump/Siphon under access. Yes ___ No ___
 b. Pull chain or rope present. N.A. ___ Yes ___ No ___

7. Discharge assembly:

- a. Anti siphon/air release device. Yes ___ No ___
 b. Backflow prevention (check valve) present. Yes ___ No ___
 c. Air release located below check valve. Yes ___ No ___
 d. Drain back device present. Yes ___ No ___
 e. Quick disconnect present. Yes ___ No ___
 f. Isolation valve present. Yes ___ No ___
 g. Inline filters present. Yes ___ No ___

8. Electrical components sealed and watertight. N.A. ___ Yes ___ No ___

9. Tank structural condition (evaluate if tank pumped): N.A. _____

- a. Appears to be watertight (no visual leaks). Yes ___ No ___
 b. Rebar exposed. Yes ___ No ___
 c. Corrosion present. Yes ___ No ___
 d. Spalling present. Yes ___ No ___

NOTES

2. Acceptable
 Unacceptable

3. Acceptable
 Unacceptable

4. Acceptable
 Unacceptable

5. Acceptable
 Unacceptable

6. Acceptable
 Unacceptable

7. Acceptable
 Unacceptable

8. Acceptable
 Unacceptable

9. Acceptable
 Unacceptable

Reference #: _____

e. Cracks present. Yes ___ No ___

f. Root intrusion. Yes ___ No ___

10. Solids accumulation:

Scum (in)	Sludge (in)	Odor	Color	Other

11. Tank pumping recommended. Yes ___ No ___

12. Contractor responsible for pumping: _____

a. Gal removed: _____ Date: _____

13. Screen(s)

a. Type of screen: Vault with basket Vault with filter In-line screen

b. Was screen cleaned. Yes ___ No ___

14. Lab samples collected for monitoring. Yes ___ No ___

Types of analysis: _____

