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: N.A._____
   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:_____
    _____
    _____