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:_____

NOTES

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: _____

2. ☐ Acceptable
    ☐ Unacceptable

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

3. ☐ Acceptable
    ☐ Unacceptable

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_____

4. ☐ Acceptable
    ☐ Unacceptable

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:_____

5. ☐ Acceptable
    ☐ Unacceptable

6. Pump/Siphon
    a. Pump/Siphon under access.   Yes____No_____
    b. Pull chain or rope present.   N.A.___ Yes____No_____

6. ☐ Acceptable
    ☐ Unacceptable

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_____

7. ☐ Acceptable
    ☐ Unacceptable

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_____

8. ☐ Acceptable
    ☐ Unacceptable

9. ☐ Acceptable
    ☐ Unacceptable

    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:_____

_____

_____