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
      Located at grade. Yes___No____
   b. If ‘No’, how deep is lid buried.__________________________
   c. Risers on tank. Yes___No____
   d. Evidence of infiltration in risers. Yes___No____
   e. Lids securely fastened. Yes___No____
   f. Lid in operable condition. Yes___No____
   g. Evidence of infiltration in risers. Yes___No____

5. Current tank operating conditions
   a. Liquid level relative to outlet:__________________________in
      □ At  □ Above  □ Below
      Maximum liquid level of tank (invert of inlet pipe):__________in.
      Height at which alarm is activated as measured
      from top of maximum liquid level:__________________________in.
   b. Evidence liquid level has been higher. Yes___No____
   c. Evidence liquid level dropped without pumping. Yes___No____
   d. Evidence of continuous inflow. Yes___No____
   e. 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):
   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
e. Cracks present. Yes ___ No ___

f. Root intrusion. Yes ___ No ___

10. Solids accumulation:

<table>
<thead>
<tr>
<th>Scum (in)</th>
<th>Sludge (in)</th>
<th>Odor</th>
<th>Color</th>
<th>Other</th>
</tr>
</thead>
</table>

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: ____________________________________________________________
   ____________________________________________________________