Form 6-3 Operational Checklist: Pump: time-dosed system (PTD)

Service provided on: Date:_________ Time:_________ Reference #:______________
Service provided by: Company:______________ Employee:______________
Date of last service: __________________________ By: □ You □ Other:______________
Date of last inspection: ______________________

1. Controls
   a. Is enclosure watertight. Yes No
   b. Alarm test switch working properly. Yes No
   c. At time of inspection, timer was set at:
      "On" Mode setting
      "Off" Mode setting
   d. At time of inspection, control switch (HAND-OFF-AUTO) was set at:
      "Hand/Manual"
      "Off"
      "Auto"
   e. If timer was changed from above, new setting is:
      "On" Mode setting
      "Off" Mode setting
   f. Electrical meter readings:

<table>
<thead>
<tr>
<th></th>
<th>Reading (this)</th>
<th>Reading (last)</th>
<th>Difference</th>
<th>N.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) ETM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) Cycles/events</td>
<td>Events (NC)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calculate cycles/day: \[ \frac{[NC]}{[Days]} = [CPD] \]

g. Telemetry operational. N.A. Yes No

2. Pump
   a. Pump operating properly. Yes No
   b. Type of pump: □ Multi-stage □ Single-stage
   c. Amps measured: _________ amps
   d. Voltage measured: _________ volts
   e. Pump turns on/turns off. Yes No

3. Water level sensors
   a. Type of water level sensor: □ Floats □ Pressure transducers □ Ultrasonic □ Other:
   b. Pump sensors functioning properly. Yes No
   c. Alarm sensor operating audible and visible alarms. Yes No

4. Sensor settings:

<table>
<thead>
<tr>
<th>Sensor Number*</th>
<th>Function</th>
<th>Operational Set At:</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Datum</td>
</tr>
<tr>
<td></td>
<td>Inches**</td>
<td></td>
<td>Datum</td>
</tr>
<tr>
<td>1</td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>2</td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>3</td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>4</td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td>5</td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

*(Designate starting from bottom of tank)
** Measurements are taken from a fixed point ("Datum") near the surface or bottom of float tree in inches

5. Pump delivery rate (PDR) (measured)
   a. Pump Off __________ – Pump On __________ = _________in
   b. GPI: __________ (From Form 6.1 – Item 3 e)
   c. Verified pump run time:
      __________ min

\[ \frac{[\text{In} \times \text{GPI}]}{[\text{min}]} = \text{GPM} \]

NOTES

1. □ Acceptable □ Unacceptable
2. □ Acceptable □ Unacceptable
3. □ Acceptable □ Unacceptable
6. Dose volume (DV) (from timer setting)
   a. Pump delivery rate: ______________ GPM (from Item 5)
   b. Verified pump run time: ________ min
       __________ GPM x ________ min/cycle = __________ (DV[Gal/ cycle])

7. Total gallons (from elapsed time meter)
   a. [______ (PTR) - _____ (LTR)] x ______ (GPM) = _____ Total Gal
   OR Total gallons (from event/cycle counter)
      [______ (PCR) - _____ (LCR)] x _____ (DV) = _____ Total Gal

8. Gallons per day (GPD)
   _____ Total gal ÷ _____ No of days = _____ Gal./Day (GPD)

CPD: cycles per day
DV: dose volume
ETM: elapsed time meter
GPD: gallons per day
GPI: gallons per inch
GPM: gallons per minute
HAND-OFF-AUTO: Hand-Off-Auto Switch
LCR: last cycle reading
LTR: last time reading
PCR: present cycle reading
PDR: pump delivery rate
PTR: present time reading