

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

3. Tank description

Material: Concrete Fiberglass Plastic
 Gallons per inch (GPI): _____ gal/in

4. Tank access

5. Current tank operating conditions

6. Pump/Siphon

7. Discharge assembly: N.A. _____

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

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

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

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

Types of analysis: _____

Notes	
2.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
4.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
7.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
8.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable