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

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" Mode setting____
      "Off" Mode setting____
      "Auto" Mode setting____
   e. If timer was changed from above, new setting is: "On" Mode setting___
      "Off" Mode setting____
   f. Electrical meter readings:
      
      | Reading (this) | Reading (last) | Difference | N.A. |
      |---------------|---------------|-----------|------|
      | i) ETM        |               |           |      |
      | ii) Cycles/events | Events (NC) |           |      |

   g. Telemetry operational. N.A._______ Yes ___ No _____
      Type: ______________________

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</th>
<th>Set At:</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Inches**</td>
<td>Datum</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
<td></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

   (___________In x ______________________GPI) ÷ Pump run time (min) = _______ (GPM)
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