# 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: 

<table>
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<tr>
<th>gal</th>
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<table>
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<tr>
<th>sq ft</th>
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c. Surface area: 

d. Operational depth: 

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<tr>
<th>in</th>
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e. Gallons per inch (GPI): 

<table>
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<tr>
<th>gal/in</th>
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### 4. Tank access:  

a. Access location:  
   - □ Inlet  
   - □ Outlet  
   - □ Center  

b. Located at grade.  
   - Yes  
   - No  

c. If ‘No’, how deep is lid buried.  

<table>
<thead>
<tr>
<th>in</th>
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</table>

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  

### 5. Current tank operating conditions:  

a. Liquid level relative to outlet: 

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b. Maximum liquid level of tank (invert of inlet pipe): 

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c. Height at which alarm is activated as measured from top of maximum liquid level: 

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<tr>
<th>in</th>
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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: 

### 6. Pump/Siphon:  

a. Pump/Siphon under access.  
   - Yes  
   - No  

b. Pull chain or rope present.  
   - N.A.  
   - Yes  
   - No  

### 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  

### 8. Electrical components sealed and watertight:  

N.A.  

### 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  

### NOTES  

2. □ Acceptable  
   □ Unacceptable  

total: 

3. □ Acceptable  
   □ Unacceptable  

total: 

4. □ Acceptable  
   □ Unacceptable  

total: 

5. □ Acceptable  
   □ Unacceptable  

total: 

6. □ Acceptable  
   □ Unacceptable  

total: 

7. □ Acceptable  
   □ Unacceptable  

total: 

8. □ Acceptable  
   □ Unacceptable  

total: 

9. □ Acceptable  
   □ Unacceptable  

total:
Reference #:__________________

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
      Yes ___ No ___
   b. Was screen cleaned. Yes ___ No ___

14. Lab samples collected for monitoring. Yes___No___
   Types of analysis:__________________________________________
   ________________________________________________________