

**Penn Township Municipal Authority
Low Pressure Sewage Pump Station
Maintenance Inspection Check List**

Location: _____ **Owner** _____

Date Maintenance Inspection Performed: _____

Company or Person Performing Inspection: _____

Date: _____ **Contact Telephone:** _____

Pump Brand _____ **HP** _____ **Tank Type:** _____

- Were odors detected from system or in the building? Yes Where _____ No
- Checked for fat, oil & grease build-up (FOG) Light Medium Heavy
- Pump tank cleaned and debris removal. Pressure spray cleaned
- Checked for cracks or leaks
- Checked tank vent Operates Properly Requires Repair
- Checked seals around pipes and electrical cables
- Checked integrity of pipes and pump mounts
- Checked wiring, junction boxes and connections
- Checked mounting devices. (If replacement is required use stainless steel)
- Checked overall condition of Tank Good Fair Needs Work Replaced
- Checked tank shutoff valve and exercised (Important if there is a system failure)
- Checked and verified condition and operation of check valve Replaced (Important)
- Checked street shut off valve/box Found Marked Exercised Wrench Fits
- Checked for safety issues
- Checked floats and float levels Off On High Level Alarm
- Checked that high level float activates Alarm and Alarm Light
- Checked that pump shut off level so it leaves pump submerged
- Checked that wet well float levels are properly set for on and off
- Checked that all voltage and amp readings are correct and within acceptable limits
- Checked that pumps are running without excessive heat or vibration
- Checked alarm system for corrosion, water tightness and proper operation
- Checked all electrical systems Yes No <> GFI Protected Yes No
- Checked that no ground water can enter the tank
- Checked vacuum release valve function if one is installed in system
- Provide picture of tank before and after maintenance inspection
- In your opinion is the capacity of the pump adequate? Yes No
- Are spare parts and equipment available for future maintenance? Yes No
- Overall opinion of system and condition _____

Plumbers Signature: _____ **Owners Signature:** _____