

UNIT PROCESS: Sewage Pumping

1. Name of station:

2. Location (if not at STP):

3. Following equipment operable:

- | | | |
|----------------------|------------------------------|------------------------------|
| a. all pumps | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| b. ventilation | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| c. control system | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| d. sump pump | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |
| e. seal water system | <input type="checkbox"/> Yes | <input type="checkbox"/> No* |

4. Reliability considerations:

- | | | | |
|---|---|--------------------------------|------------------------------|
| a. Class | <input type="checkbox"/> I | <input type="checkbox"/> II | <input type="checkbox"/> III |
| b. Alarm system operable: | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| c. Alarm conditions monitored: | | | |
| 1. high water level | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 2. high liquid level in dry well | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. main electric power | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. auxiliary electric power | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. failure of pump motors to start | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. test function | <input type="checkbox"/> Yes | <input type="checkbox"/> No* | |
| 7. other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. Backup for alarm system operational: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| e. Alarm signal reported to (identify): | | | |
| f. Continuous operability provisions: | | | |
| <input type="checkbox"/> generator | <input type="checkbox"/> two sources of | | |
| <input type="checkbox"/> portable pump | <input type="checkbox"/> 1 day storage | <input type="checkbox"/> other | |

5. Does station have bypass:

Yes* No

- | | | |
|------------------------------|-------------------------------|-----------------------------|
| a. evidence of bypass use | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| b. can bypass be disinfected | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. can bypass be measured | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

6. How often is station checked?

7. General condition: Good Fair Poor

Comments: