

BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

Pump Station Electrical Maintenance Report

Calendar Year _____

Property Address: _____

Name of Owner: _____

Owner or Agent Signature _____ **Date** _____

Emergency Contact _____ **Phone #** _____

Sewer Pump Station Electrical Equipment Inspection

Type of Control Panel, Simplex ___ Duplex _____

Manufacture, _____

Date of Installation, _____

Voltage, _____

3 Phase Yes/ No

General Condition, Good ___ **Functional** ___ **Poor** _____

Repairs required Yes ___ No ___

Repairs accomplished Yes ___ No ___

Description of repairs

Other Comments

Alarm Function Audible ___ Light _____

Alarm Monitored Yes ___ No ___

Alarm Company _____ Phone # _____

Inspection Date _____

Inspected by

Name _____ Signature _____

Electric License # _____

Company _____ Phone # _____