BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

Pump Station Mechanical Maintenance Report

Calendar Year __________
Property Address: ________________________________
Name of Owner: ________________________________
Owner or Agent Signature______________________ Date___________
Emergency Contact_____________________ Phone #_________________

Sewer Pumping Equipment Inspection

Type of Pump system, Simplex____ Duplex____
Pump Brand________________________
Pump Type ______________________
Horse power_____
Voltage________
Single Phase ____ 3 Phase____

Date of Installation, Pump #1 ____________ Pump #2___________

Pump # 1 Inspection findings

________________________________________________________________________

Repairs required Yes___ No___
Repairs accomplished Yes___ No___
Hours on Pump______

Pump # 2 Inspection findings

________________________________________________________________________

Repairs required Yes___ No___
Repairs accomplished Yes___ No___
Hours on Pump______

Pump Station General Condition

Good____ Functional_____ Poor_____

Comments___________________________________________________________
________________________________________________________________________
________________________________________________________________________

Inspection Date___________
Inspected by: Name____________________Sign___________________________
Company____________________ Phone ______________________

Pump Station Mechanical Maintenance Report (Annual)
B.W.P.C.A.