

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

**Company Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Plumber Performing Inspection:** \_\_\_\_\_

**Plumber Address:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_ **Plumber Phone Number:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Plumber Printed Name:** \_\_\_\_\_ **Owner Printed Name:** \_\_\_\_\_