

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.