LIFT STATION CHECKLIST

KEY: N/A = Not Applicable; G = Good; F = Fair; P = Poor; X = Not Working

Permit # MO-_____
Date_____

1. Name of station:_____
1a. Constructed under DNR CP: Yes ___ No ____ .
1b. Construction Date (year): _____
2. Location:_____
3. Design capacity:_____ Actual flow:_____
4. # of pumps_____ Motor HP, volts, phase_____
4a. Type of pumps: submersible __; centrifugal __; air lift __: other_____
4b. Pump hours at time of inspection:_____
5. Does this station have a drywell? Yes__ No__
5a Means of access: ladder ___; elevator ___; Other_____
6. Are screening ____or grinding ____ devices used?
6a. (If yes, attach appropriate checklist.)
7. Is area fenced, padlocked, and posted with warning signs? Yes___ No__
8. How often is station checked? Daily___ Other _____
9. What is the frequency of scheduled maintenance? _____
10. Are valves exercised? Yes___ No___ Frequency _____
11. Are inspection and maintenance records maintained? Yes___ No___
12. Flow metered? Yes__ No__; Type _____ Recorded? Y__ N__
13. Does each pump have an hour meter? Yes___ No___
14. Is there a pressure gauge on the pump discharge? Yes___ No___
15. Is there an alarm system? Yes___ No___
15a. (If yes, type: radio telemetry ___; phone dialer___; local audible/visual__
16. Alternate power source available? Yes___ No___
16a. If yes, type: station. generator ___; port. generator ___; separate utility__
17 Does this station have a by-pass? Y__ N__ (where to?_____)
18 Does this station have an emergency holding basin? Yes___ No___
19. Does this station have a portable pump connection? Yes___ No___
19a. If so, is pump available? Yes___ No___; pump operable? Yes__ No__
20. Does this facility have adequate spare parts inventory? Yes___ No___

21. Are there adequate safety provisions such as guard rails, catch nets, or anti-falling devices? Yes___ No___
22. Is there an approved Confined Space Entry Program? Yes___ No___
23 Are electrical main-disconnects outside of wetwell / drywell? Yes__ No__
24. Are shut off valves easily accessible? Yes___ No___
25. Does the access road meet Chapter 8 requirements? Yes__No__
26. Outside appearance (groundskeeping, painting, etc.) G__, F__, P__
27. Inside housekeeping: G__, F__, P__
28. Ventilation system: N/A__, G__, F__, P__, X__
29. Heater: N/A__, G__, F__, P__, X__
30. Dehumidifier: N/A__, G__, F__, P__, X__
31. Air Conditioner: N/A__, G__, F__, P__, X__
32. Control Panel: N/A__, G__, F__, P__, X__
33. Sump Pump: N/A__, G__, F__, P__, X__
34. Pumps: G__, F__, P__, X__
35. Air Compressors: #__ N/A__, G__, F__, P__, X__
36. Floats: #___ N/A__, G__, F__, P__, X__
37. Ultra Sonic Sensor: N/A__, G__, F__, P__, X__
38. Is lighting adequate? Yes___ No___
39. Is there a water supply source available for cleaning? Yes___ No___
40. Are chemicals routinely added at this station? Yes___ No___
40a. If so, list chemical and purpose: _____
41. What are the most common problems the Operator has had with the lift station? _____
_____
_____
Comments:
_____