

Water Storage Inspection

Type: () Elevated () Standpipe
() Ground Storage () Clearwell

Size: _____ Location: _____

Date Constructed: _____

Type Tank: () Welded Metal () Steel-lined Glass
() Concrete

Site:

- 1. Does site slope away from bank? () Yes () No
- 2. Is ground soft or soggy? () Yes () No

Foundations:

- 1. Is the concrete foundation cracked? () Yes () No
- 2. Is the concrete foundation level? () Yes () No
- 3. Is there a gap between riser base and the concrete? () Yes () No
- 4. Condition of anchor bolts? () Yes () No

Columns (Elevated Tanks Only)

- 1. Is there condensation on columns? () Yes () No
- 2. Are they straight? () Yes () No
- 3. Is there any slack in the diagonal X-rods? () Yes () No
- 4. Condition of bolted connection on riser rods? () Yes () No

Tank or Shell

- 1. Any disfiguration in tank bottom, shell, roof or irregularities in the contour of the steel? () Yes () No
- 2. Are any weld seams concave? () Yes () No
 - a. Are there any rust streaks originating from the weld seams? () Yes () No
 - b. Any evidence of water leaking from tank? () Yes () No
- 3. Is there any metal loss by pitting? () Yes () No
- 4. Condition of finish coat? () Good () Fair () Poor
- 5. Condition of intermediate coat? () Good () Fair () Poor
- 6. Condition of primer coat? () Good () Fair () Poor
- 7. Amount of surface area showing rust? _____
- 8. Any water ponding on roof? () Yes () No

Accessories

- 1. Is there a safety climbing device or cage on the ladder? () Yes () No
- 2. Is there a target on tank? () Yes () No
 - a. Is it working properly? () Yes () No
- 3. Does the utility have a climbing harness? () Yes () No
- 4. How often does the utility climb tank? () Day () Week () Month
Other _____

- 5. What is the condition of the overflow? () Good () Fair () Poor
 - a. Does overflow have a screen or flapper?
() Screen () Flapper () Neither
 - b. Any evidence of cross connections? () Yes () No
 - c. Rip-rap to prevent erosion at end of overflow? () Yes () No

Comments: _____

Site Facility Inspection

Treatment Plant Location: _____

Deficiency:

() 1. Does the treatment plant meter raw water?

Source of Water: _____

() 2. Does the treatment plant meter finished water?

3. Chemical Feed Equipment: _____

() 4. Does the treatment plant meter water used to backflush filters?

Condition of the following:

1. Vents and overflows: _____

2. Valves and gauges: _____

3. Weirs and sweeps: _____

4. Building – Structures: _____

5. Paint: _____

Building Inspection

Building Type: () Concrete () Metal () Frame Construction

Building Purpose: _____

Location: _____

Exterior:

1. Structure condition: () Good () Fair () Poor

2. Roof Type: () Flat () Sloped

Roof Material: _____

a. Does roof show any signs of leakage? () Yes () No

b. Is the roof guttered? () Yes () No

3. Does structure contain any windows? () Yes () No

a. Are any windows broken? () Yes () No

b. Are windows secured with locks or bars? () Yes () No

4. Door type: () Wood () Metal

a. Does door have adequate security: () Yes () No

b. Are doors in good shape? () Yes () No

c. Would door prevent general public from entry? () Yes () No

5. Does structure need painting: () Yes () No () N/A

6. Does structure meet general safety codes? () Yes () No

7. Does structure have all wiring in conduit? () Yes () No

8. Does structure have a fence? () Yes () No

9. Is access road to structure adequate? () Yes () No

10. Does structure have a sign identifying ownership and who to contact in case of an emergency? () Yes () No

Pump Station Inspection

Type: () Centrifugal Pump () Axial Flow Pump
 () Vertical Turbine Pump () Immersible Pump

Location: _____

Number of pumps in station: _____

Size motor: _____ Rating of pump: _____

Year pump station was constructed: _____

1. Any visible signs of wear and tear or problem? () Yes () No

 If yes, explain: _____

2. Are there any coupling alignment problems? () Yes () No

 If yes, explain: _____

 a. Does coupling require grease? () Yes () No

3. Have bearings been greased? () Yes () No

4. Is there sufficient packing? () Yes () No

5. Are there any violations? () Yes () No

 a. Are all hold-down bolts on pumps and motors tightened properly?

 () Yes () No

6. Is there an excessive noise from the pump? () Yes () No

7. Is there any repainting needed? () Yes () No

8. Are there any visible signs of corrosion? () Yes () No

 If yes, where: _____

9. Will one pump meet the demand from customers for water service?
 () Yes () No

10. Do both pumps need to be operated together? () Yes () No

11. Is there a written inspection record of the pump station? () Yes () No

If yes, how often: _____

Inspection Date _____

Hydrant Record

Location: _____ Number: _____

Type: _____ Make: _____

Number Outlets: _____ 2 1/2" _____ 4 1/2" In Service: _____

Size of Main: _____ Size of Riser: _____

Static Pressure: _____ Flow Pressure: _____

Connected to Grid System? _____ Discharge: _____
(Gallons per Minimum)

Provided with Street Gate Valve? _____ Give Location: _____

Remarks: _____

Annual Inspection Report

Date	Flushed	Lubricated	Painted	Repaired	Pentagon	Cap & Chain	Checked By	Remarks

Inspected By: _____ Follow-up Inspected By: _____

Valve Record

Location: _____ Number: _____

Valve Location: _____

Book No: _____ Map No: _____ Pole No: _____

Size: _____ Make: _____ Type: _____ Gearing: _____ Bypass: _____

Opens: _____ Turns to Operate: _____ Set In: _____ Depth of Nut: _____

Remarks: _____

(sketch on back if necessary)

Maintenance & Inspection Report

Date	Work Completed	OK By	Date	Work Completed	OK By

N ↑

Location