SOUTH HOPKINS WATER DISTRICT ROUTINE INSPECTIONS

For Month of _____, 20_____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAILY																															
Water level in tanks																															
Check and service pumps as needed																															
Check master meters																															
Check for leaks																															
Pressure																															
Pump house heaters(seasonal)																															
Chlorine tests																															
WEEKLY																															
Check pump clocks (on-off)																															
Pump lubrication																															
Pumps alternating properly																															
MONTHLY																															
Maintenance equipment operation																															
Motor vehicle safety check																															
Routine safety inspection of facilities																															

Signature of Superintendent _____