Lift Station Inspection Report Form WATER AUTHORITY-CAYMAN Onsite Wastewater Management Programme (OWMP)					
Completed reports may be submitted via email to developmentcontrol@waterauthority.ky, or hand delivered to the Water					
Authority's Administrative Office at 13G Red Gate Road, George Town, Grand Cayman.					
Service Provider Information		Service Visit Information Date & Time of Inspection:			
Company: Technician:		Owner or representative present? If yes, Name & Phone Number:			
Phone:					
Property Information					
Residential	Commercial Industrial				
Site Address:	Block & Parcel:				
Client Name:	Phone Number:				
Objective					
The purpose of this form is to record equipment and process control information necessary to ensure the lift station operates as designed. Routine inspections and preventative maintenance will minimise costly repair bills, spills and property damage.					
Wet Well					
Wet wells should be pumped out and cleaned at least twice per year, or as needed to prevent solids and grease build up. Build up of solids and grease can cause odours and damage pumps.					
CIRCULAR: Dimensions (inches)		RECTANGULAR:			
(D) diameter:	`	(H) height:			
(H) height:	(L) length:				
	(W) width:				
н	н				
V					
			<u> </u>		
(V) Volume	olume (V) Volume				
$V = ((D/2)^{2} \times 3.14 \times H) \times 0.0043 =$ gallons $V = L \times W \times H \times 0.0043 =$ gallons					
Pumps	Pump Level Sensor Settings				
Pump Rate (gpm) Quantity / Make / Model	ON	OFF	LAG	ALARM	
INSPECTION					
GENERAL:					
Are all access covers accessible and in good condition?			Yes	No	
Excessive noise or vibrations being caused by equipment?			Yes	No	
Condition of electrical panel(s) acceptable?			Yes	No	
Any signs of system upset/overflow?       Yes       No         Run each pump by manual control to ensure pumps are operating properly.       Yes       No					
Excessive solids/grease in wet well? Yes No					
Excessive solids/grease removed; floats cleaned?			Yes	No	
Are pumps operating properly?			Yes	No	
Amperage reading(s):					
Alarm system operating properly?			Yes	No	
Maintenance Carried Out:					
Follow-up Services Required:					
Signed:	Dated:				
Disclaimer: The Service Company makes no representation that the system was designed, installed or used in					
compliance with any applicable laws or regulations. The Service Company disclaims any warranty, expressed or					
implied, arising from the inspection.					
For Official Use					
Date of Receipt: Date of Response:					
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