

APPENDIX F INSPECTION FORMS

*T*his appendix contains examples of various inspection forms obtained from the Massachusetts Water Resources Authority (MWRA), the Boston Water and Sewer Commission (BWSC), and the Monroe County Department of Environmental Services (MCDES) in New York. These inspection forms can be adapted to fit specific collection system needs. They are not presented as inclusive of all situations or circumstances.

| | |
|---|------|
| BWSC – TV Request Form | F-3 |
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TV REQUEST FORM

Engineering Design Division Project for Project Number:

PIPE AND MANHOLE CONDITION MONITORING

Request Number _____

Street _____

District _____

Map Number(s) _____

Street Limits _____

Manhole Limits _____

Conduit Size(s) _____

Background Regarding Request _____

Date of Request _____

Person Requesting _____

Linear Feet _____

Survey To Be Completed By _____

Person Reviewing _____

Date of Review _____

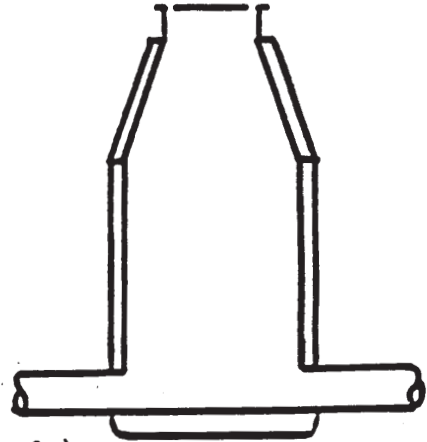
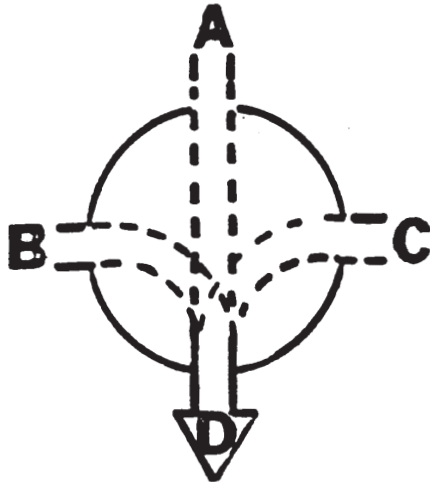
Comments _____

Boston Water and Sewer Commission
MANHOLE INSPECTION REPORT

Map No. _____ DATE _____ TIME _____ INSPECTOR _____

MH No. _____ DEPTH TO INVERT _____ CLEANLINESS _____

TYPE CONSTRUCTION _____ STREET REFERENCES _____



DEFECTS:
 (Cover, frame, grout, steps, shelf, pipes, or channels)

1. _____
2. _____
3. _____
4. _____
5. _____

| | <u>PIPE SIZE</u> | <u>LENGTH TO MH#</u> | <u>EST. FLOW</u> | <u>TYPE FLOW</u> |
|----|------------------|----------------------|------------------|------------------|
| A- | _____ | _____ | _____ | _____ |
| B- | _____ | _____ | _____ | _____ |
| C- | _____ | _____ | _____ | _____ |
| D- | _____ | _____ | _____ | _____ |

REMARKS:
 (Include need for repairs)

**MASSACHUSETTS WATER RESOURCES AUTHORITY
SEWERAGE DIVISION/COLLECTION SYSTEMS
HYDRAULIC STRUCTURE INSPECTION REPORT**

CITY/TOWN: _____ DATE: _____
 INTERCEPTOR NAME(S): _____
 SECTION/STATION #(S): _____ / _____ / _____
 STRUCTURE DESCRIP.: _____
 PLAN ASCENSION #(S): _____
 CREW: _____

WEATHER: DRY ___ RAIN ___ SNOW ___
 TIME SINCE LAST RAIN ___ (UP TO 3 DAYS) AMOUNT: ___ INCHES
 PHOTOGRAPHS: SITE (4) ___ EXTERIOR (2) ___ INTERIOR (2) ___

ACCESS LOCATION/NEAREST STREET/ROUTE TO STRUCTURE: _____

SPECIAL ACCESS REQUIREMENT(S): SITE: _____
 INTO STRUCTURE: _____
 AGREEMENT PLAN/SAMS/FIELD: YES ___ NO ___ COMMENT: _____

EXTERIOR CONDITION: ODOM: NO ___ MILD ___ STRONG ___
 STRUCTURE MATERIAL: _____
 CONDITION: INTACT ___ CORRODED ___ REBAR EXPOSED ___
 ACCESS COVER DESCRIPTION: TYPE: _____

LOOSE ___ TIGHT ___ SEALED ___
 INTACT ___ CORRODED ___ REBAR EXPOSED ___
INTERIOR CONDITION: INTACT ___ CORRODED ___ REBAR EXPOSED ___

CONDITION COMMENTS: _____

PIPE CONNECTIONS NOT ON PLAN/SAMS DATA: _____

| PIPE SECT. | GROOVE | | STOP PLANK INFORMATION | |
|------------|--------|-------|-------------------------|-----------------------------|
| | TYPE | CNDTN | COVER TO PLANK TOP (FT) | COVER TO STRCT. INVERT (FT) |
| IN | _____ | _____ | _____ | _____ |
| OUT | _____ | _____ | _____ | _____ |
| IN | _____ | _____ | _____ | _____ |
| OUT | _____ | _____ | _____ | _____ |

STOP PLANK ACTION TAKEN: _____

SURCHARGE EVIDENCE: YES ___ NO ___
 TOP OF SURCHARGE DEPTH BELOW COVER: _____ (FT)
 OVERFLOW EVIDENCE: YES ___ NO ___
 SEDIMENT: DEPTH: _____ (FT)

NOTES/LEGEND: COVER REFERS TO RIM ELEVATION OF ACCESS OR _____
 (AS DETERMINED IN THE FIELD)
 GROOVE: TYPE: C=CONCRETE, A=ALUMINUM CHANNEL; CONDITION: G=GOOD,
 F=FAIR, P=POOR

October 15, 1993

Manhole Inspection Report - Blank Form

10/21/2003 8:47:19 AM

Inspection Date: Section Number: Station Number:

Interceptor Name:

City/Town: SAMS Number:

Address:

Weather: Inspector:

Gas Meter Readings: O2: LEL: H2S:

Manhole Cover MWRA: MET: Other: Manhole Diameter: in.

Manhole Cover Condition Loose: Tight: Sealed: Bolted: Buried:

Frame and Cover Status Raise: Lower: OK: Replace: Replace Frame:

Manhole Type: Apron: Through: Stop Plank:

Manhole Interior Construction Brick: Concrete: Other:

Manhole Interior Rungs: Excellent: Fair: Poor: None:

Grit: in. Root Intrusion (y/n)

Infiltration into Manhole: Low: Medium: High: None:

Manhole Depth: ft. Manhole Access: DA-1: DA-2: DA-3: DA-4:

Police Detail Required (y/n):

Connections Entering Manhole:

Type: Connection Number: Diameter:

Comments:

Appendix F: Inspection Forms

ALEWIFE BROOK STATION DAILY

ROVING CREW FACILITY CHECK LIST

DATE / /
SHIFT

| EQUIPMENT DESCRIPTION TASK DESCRIPTION | TIME IN | OUT | EMPLOYEE/COMMENTS |
|--|----------|-----|-------------------|
| PARAMETER SECURITY CHECK | | | |
| TOTAL FLOW (10 DIGITS) | | | |
| CHART CHANGED | YES / NO | | |
| PUMP SEQUENCE | | | |
| PUMP #1 HOURS | | | |
| PUMP #2 HOURS | | | |
| PUMP #3 HOURS | | | |
| PUMP #4 HOURS | | | |
| AIR COMPRESSOR BLOW DOWN | YES / NO | | |
| ANNUNCIATOR PANEL CHECKED <i>NOTIFY NUT ISLAND BEFORE TESTING</i> | | | |
| GAS DETECTOR ALARM STATUS | | | |
| SCREEN ROOM VISUAL CHECK | | | |
| <u>SCREEN ACCESS DOORS MUST BE CLOSED DURING OPERATIONS</u> | YES / NO | | |
| SCREEN #1 | ON / OFF | | |
| SCREEN #2 | ON / OFF | | |
| GRINDER CHUTES CLEAR | YES / NO | | |
| AIR EXHAUST FILTER CLEAR | YES / NO | | |
| PUMP ROOM VISUAL CHECK | | | |
| #1 ELECTRIC READING | | | |
| #2 ELECTRIC READING | | | |
| MULTIPLY BY 320 | | | |
| WATER READING | | | |
| SUMP PUMP EMPTY | YES / NO | | |
| PUMP 1 - 4 PACKING GLAND DRAINING PROPERLY | YES / NO | | |
| GENERATOR ROOM | | | |
| FUEL READING | | | |
| <i>REORDER AT 800</i> | | | |
| HOURS ON GENERATOR | | | |
| SECURITY SYSTEM RE-ACTIVATED | | | |
| OPERATOR | | | |
| AREA SUPERVISOR | | | |
| MANAGER | | | |

Pump Station Standard Operation Inspection

Gates, Chili, Ogden P.S.
145 Paul Rd.

Inspection Tasks:

Daily: Requires one operator. Approx. 45 min.

- 1) Test chlorine residual @ GRI #2, adjust feed rate as needed.
- 2) Ck. chemical feed operation, watch for leaks.

Weekly: Requires one operator. Approx. 45 min.

- 1) Ck. hyd. unit and lines for leaks.
- 2) Ck. sump pump operation, test alarm float.
- 3) Ck. HVAC operation in screen room.
- 4) Inspect screen room, clean-up as needed.
- 5) Ck. flow and level meter operation.
- 6) General housekeeping.
- 7) Ck. pumps and motors for noise or vibration.
- 8) Ck. alarm page, record data and pursue corrections.
- 9) Confirm chemical tank level readings.
- 10) Ck. heaters (cold weather).
- 11) Ck. exhaust fans (warm weather).
- 12) Visually inspect wet well for debris or excessive grease. Clean as needed.

Monthly: Requires one operator. Approx. 4 hrs.

- 1) Change lead/lag sequence.
- 2) Exercise and inspect pumps 2 and 4, on a rotating basis.

Bi-annually: Requires 2 operators. Approx. 2 hrs.

- 1) Pump down wet well, inspect for grit.

Tunnel Facility Standard Operation Inspection

Control Structure 243

2221 St. Paul St.

Pre-siphon tunnel screening and flow monitoring facility.

Inspection Tasks:

Weekly: Requires one operator. Approx. 1 hr.

- 1) Ck. level meters.
- 2) Ck. bar screen and conveyor operation.
- 3) Ck. rag containers, schedule vactor for rag removal as needed.
- 4) Ck. generator (block heater, fluids, etc.).
- 5) Ck. fuel tank.
- 6) Ck. HVAC system (fans, belts, filters, roof unit, etc.)
- 7) General housekeeping.

Monthly: Requires one operator. Approx. 20 min.

- 1) Inspect overflow per DEC regulations.
- 2) Test emergency lights.
- 3) Flush and fill siphon w/ river water (schedule shortly after flow storage event).

Quarterly: Requires one operator. Approx. 1 hr.

- 1) Exercise all sluice gates.

Bi-annually: Requires two operators.

- 1) Flush Maplewood siphon, exercise knife gate.

Annually: Requires three operators. Approx. 1 hr.

- 1) Visually inspect tunnel chambers.

We Value Your Feedback

Please notify us if you discover mistakes or omissions in this document. Submissions can be sent electronically, mailed or faxed to:

New England Interstate Water Pollution Control Commission
ATTN: Collection System Guidance
Boott Mills South
100 Foot of John Street
Lowell, MA 01852
Tel: 978/323-7929
Fax: 978/323-7919
mail@neiwpc.org

Brief description of error or omission:

Suggested improvement:

General comments:

Can we contact you for additional information? If so please provide contact information:

Thank You.

