

## 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.

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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 \_\_\_\_\_

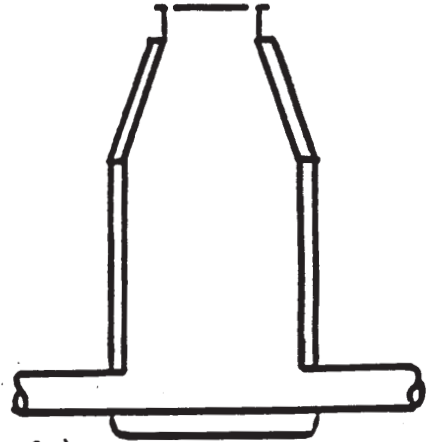
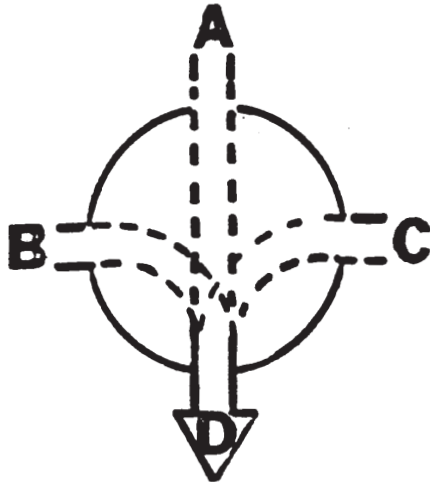
Comments \_\_\_\_\_

**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 DESCIP.: \_\_\_\_\_  
 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: ODOUR: 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 TYPE	STOP PLANK INFORMATION		COVER TO STRCT. INVERT (FT)
		CNDTN	COVER TO PLANK TOP (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			
<i>SCREEN ACCESS DOORS MUST BE CLOSED DURING OPERATIONS</i>	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.

Monroe County DES

Attack Team

Inspection Sheet

Reason for televising \_\_\_\_\_

Date    /    /    Time    *Start* :    AM/PM    *Finish* Street \_\_\_\_\_

Service # \_\_\_\_\_ Work order # \_\_\_\_\_ video # \_\_\_\_\_

MH# \_\_\_\_\_ TO \_\_\_\_\_ MH# \_\_\_\_\_

Operator \_\_\_\_\_ Depth of main \_\_\_\_\_ Weather condition \_\_\_\_\_

Manhole condition \_\_\_\_\_ Type of manhole Brick /Perform \_\_\_\_\_ Pipe size \_\_\_\_\_

Storm / Sanitary / combination \_\_\_\_\_ Pipe material \_\_\_\_\_

Ft	Comment

Total Footage \_\_\_\_\_

## **We Value Your Feedback**

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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:

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Suggested improvement:

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General comments:

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

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***Thank You.***

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