



East Shore Road Monthly PMs

January 2010

East Shore Road Valve Check List

Headworks

Valve # 1

-Wet Well

Sluice Gate Valve # 1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 2

-Wet Well

Sluice Gate Valve # 2

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 3

-Wet Well

Sluice Gate Valve # 3

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 4

-Wet Well

Sluice Gate Valve # 4

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 5

-Wet Well

Sluice Gate Valve # 5

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 6

-Wet Well

Sluice Gate Valve # 6

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 7

-Dry Well

4" Dezurick Plug #1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____



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Valve # 8

-Dry Well

4" Dezurick Plug #2

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 9

-Dry Well

4" Dezurick Plug #3

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve #10

-Dry Well

4" Dezurick Plug #4

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 11

-Dry Well

2" Ball Valve (sump) #1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 12

-Dry Well

2" Ball Valve (sump) #2

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 13

-Dry Well

2" Check Valve (sump) #1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____

Valve # 14

-Dry Well

2" Check Valve (sump) #2

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-14

(please note details below, be specific)

NOTES: _____



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New Primary Tank Hopper

Valves # 15 - 17

6" Dezurick Plugs #1 - #3

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

OPERATED DAILY. PLEASE MAKE SEPARATE NOTE WHEN FAULTS FOUND AFTER DAILY OPERATION OF THESE VALVES AT ANY FUTURE DATE

NOTES: 2 valves for direct pumping not working. #s 1 + 2

Old Primary Tank Hopper

Valves # 18 - 22

6" Dezurick Plugs #1 - #5

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

OPERATED DAILY. PLEASE MAKE SEPARATE NOTE WHEN FAULTS FOUND AFTER DAILY OPERATION OF THESE VALVES AT ANY FUTURE DATE

NOTES: _____

Outside Old Primary Tanks

Valve # 23

Sluice Gate #1

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 24

Sluice Gate #2

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

NOTES: _____

Raw Sludge Pump House

Valve # 25

6" Dezurick Plug #1

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 26

6" Dezurick Plug #2

-Operates Satisfactory?	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1.22

(please note details below, be specific)

NOTES: _____



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Valve # 27
6" Dezurick Plug #3

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 28
6" Dezurick Plug #4

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 29
6" Dezurick Plug #5

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 30
6" Dezurick Plug #6

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 31
6" Dezurick Plug #7

	Yes	No	Initial		If No...	Repair	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 32
6" Dezurick Plug #8

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:

Valve # 33
6" Dezurick Plug #9

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	➔	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1-28

(please note details below, be specific)

NOTES:



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Valve # 34
6" Dezurick Plug #10

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 35
6" Dezurick Plug #11

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 36
6" Dezurick Plug #12

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Raw Sludge Pump House

Valve # 37
2" Dezurick Plug #1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 38
2" Dezurick Plug #2

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Valve # 39
2" Dezurick Plug #3

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____

Raw Sludge Pump House

Valve # 40
4" Pump Check Valve #1

	Yes	No	Initial		If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Work Needed...	<input type="text"/>	<input type="text"/>	Bill	1.22

(please note details below, be specific)

NOTES: _____



East Shore Road Monthly PMs

Valve # 41
4" Pump Check Valve #2

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

January 2010

Valve # 42
4" Pump Check Valve #3

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

Valve # 43
4" Pump Check Valve #4

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

Valve # 44
4" Pump Check Valve #5

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

Valve # 45
4" Pump Check Valve #6

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

Valve # 46
4" Pump Check Valve #7

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES:

Valve # 47
4" Pump Check Valve #8

	Yes	No	Initial	If No...	Date Repair Scheduled	Date Repair Performed	Initial	Date
-Operates Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bill	<input checked="" type="checkbox"/>			Bill	1/22

Work Needed... (please note details below, be specific)

NOTES: