

***APPENDIX C – Element 4 (Operations & Maintenance) Supporting Documents***

1. Figure C-1; Map of East (Historic) Lathrop Sewer Service Area
2. Figure C -2; Map of West Lathrop Sewer Service Area
3. Figure C -3; Map of East (Historic) Lathrop Sewer Collection System
4. Figure C -4; Map of West Lathrop Sewer Collection System
5. Sewer Flushing Report Form
6. Daily Lift Station Inspections Report Form
7. Pump Inspection Report Form
8. 12-Inch Force Main to Manteca Inspection Report
9. Air/Vacuum Release Valve Report
10. Wastewater Pump Station Pump and Motor Information

**CITY OF LATHROP  
SEWER FLUSHING REPORT**

Line Information: \_\_\_\_\_

Date: \_\_\_\_\_ Operators: \_\_\_\_\_

Line Location: \_\_\_\_\_ Line Material: \_\_\_\_\_ Ft. of Run: \_\_\_\_\_

No. of Runs to Clear \_\_\_\_\_ Condition of Line: \_\_\_\_\_

Line: \_\_\_\_\_

Description of Material or Damage to Line: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upstream Line Information:

Location of Manhole: \_\_\_\_\_

Depth to Invert: \_\_\_\_\_ Grout Condition: \_\_\_\_\_

Lid Condition: \_\_\_\_\_ Manhole Material: \_\_\_\_\_

Drop Manhole? Y or \_\_\_\_\_ No. of Services in  
N \_\_\_\_\_ Manhole \_\_\_\_\_

Evidence of Flooding Due to  
Backup: \_\_\_\_\_

Description of Material in Manhole:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF LATHROP  
SEWER FLUSHING REPORT**

Downstream Line Information:

Location of Manhole: \_\_\_\_\_

Depth to Invert: \_\_\_\_\_ Grout Condition: \_\_\_\_\_

Lid Condition: \_\_\_\_\_ Manhole Material: \_\_\_\_\_

Drop Manhole? Y or N \_\_\_\_\_ No. of Services in  
Manhole \_\_\_\_\_

Evidence of Flooding Due to  
Backup: \_\_\_\_\_

Description of Material in Manhole: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sewer Plug Callout Information: To be Filled Out on Call Out Only

Name of Caller: \_\_\_\_\_ Address of Caller: \_\_\_\_\_

Phone # of Caller: \_\_\_\_\_ Customer C.O. Checked? Y or N \_\_\_\_\_

Plug on Customer Side? \_\_\_\_\_ Cleaned From C.O. to Main? Y or N \_\_\_\_\_

No. of Feet to Main Line Plug? \_\_\_\_\_

Description of Removed From Main Line: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

**Forwarded To:**  **File**  **Supervisor**  **P.W. Director**

**CITY OF LATHROP  
DAILY LIFT STATION INSPECTION REPORT**

Lift Station: \_\_\_\_\_ Date: \_\_\_\_\_

Day	Pump Run Times, hrs						Total for Day	Initials
	Pump A		Pump B		Pump C			
	Counter	Elapsed	Counter	Elapsed	Counter	Elapsed		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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31								

**CITY OF LATHROP  
DAILY LIFT STATION INSPECTION REPORT**

Lift Station: \_\_\_\_\_ Date: \_\_\_\_\_

Day	Station Alarm Triggered (Yes/No)	Pumps Free of Grease & Debris	Wet Well Drawn Down & Washed	Pumps OK Generator OK	Pumps Left in Auto (Yes/No)	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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**Appendix C - Element 4: (Operations & Maintenance)**

**CITY OF LATHROP  
PUMP INSPECTION REPORT**

Lift Station: \_\_\_\_\_  
Pump # \_\_\_\_\_ Nameplate Info: \_\_\_\_\_  
Model #: \_\_\_\_\_ SN #: \_\_\_\_\_  
KW: \_\_\_\_\_ HP: \_\_\_\_\_ Volts: \_\_\_\_\_ Amps: \_\_\_\_\_  
Phase: \_\_\_\_\_ HZ: \_\_\_\_\_ RPM: \_\_\_\_\_  
Date of Inspection: \_\_\_\_\_ Operator: \_\_\_\_\_  
Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

**1. Pump Inspection**

Oil Level	_____	Oil Condition	_____	Oil Added	_____	Wear Ring	_____
Case Cond.	_____	Volute Cond.	_____	Lift Strap	_____	Guide Bar	_____
Pull Cable	_____	Cord Seal	_____	Cord Cond.	_____	Wet Well	_____
Noise?	_____	Vibration?	_____	Bubbler Cond.	_____	Float Cond.	_____

**2. Electrical Panel Inspection**

Panel Clean?	_____	Panel Door Seal	_____	Panel Warning Light	_____
HOA Switch	_____	Starter Noise?	_____	Overload Setting	_____
Amperage Draw, T1	_____	T2	_____	T3	_____
Heat Discoloration?	_____				

**List Discrepancies, Corrections Made, Comments, and Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Action Taken:** \_\_\_\_\_

**Forwarded To:**  File  Supervisor  P.W. Director







