

MUNICIPALITY OF ANCHORAGE



Development Services Department
On-Site Water & Wastewater Section

Phone: 907-343-7904
Fax: 907-343-7997

Lift Station/Pump Vault

Maintenance Log

Owner _____ Street Address _____

Septic Tank:

•Sludge level _____ inches •Pumping: required yes no •Pumping completed yes no

Lift station:

•Pump basket cleaned yes no •Effluent filter cleaned yes no
•Control floats cleaned yes no •Proper float settings confirmed yes no
•Operation satisfactory yes no

Alarm System:

•Dedicated electrical alarm circuit yes no •Audible and visual alarm inside dwelling yes no
•Alarm system operation satisfactory not satisfactory

Manhole Riser

•Ground water intrusion at riser to tank connection yes no
•Ground water intrusion around pipe penetrations yes no •Weep hole functional yes no
•Manhole lid: Functional yes no Insulated yes no Properly Secured yes no

Other

•All manufacturer required inspections and maintenance completed yes no

Comments:

Qualified Maintenance Provider:

Technician _____

Date of maintenance _____

Company _____

Signature _____ Date _____