

PUMP STATION - Operating time



PLANT: CHATSWORTH AND RIVERLANDS WASTE WATER TREATMENT WORKS

AREA SUP. SIGNATURE: _____

FORM REF NO.: CHR-QTY-PS-IW-01/01

MONTH & YEAR: _____

SHEET NO: 1 OF 1

DATE	RAW INFLUENT PUMP 1		RAW INFLUENT PUMP 2		COMMENTS	PROCESS CONTROLLER SIGNATURE
	Meter Reading	Reading	Reading	Reading		
	(Today)	(Diff.)	(Today)	(Diff.)		
	hrs	hrs	hrs	hrs		
1						
2						
3						
4						
5						
6						
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26						
27						
28						
29						
30						
31						
Total						
Avg						
Max						
Min						