



Robert P. Astorino, Westchester County Executive

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL QUALITY**

145 Huguenot Street- 7th Floor
New Rochelle, New York 10801

PUMP STATION ANNUAL REPORT FOR THE YEAR ____

PUMP STATION NAME: _____

PUMP STATION OWNER'S NAME: _____

PUMP STATION OWNER'S ADDRESS: _____

PUMP STATION OPERATOR'S NAME: _____

PUMP STATION OPERATOR'S ADDRESS: _____

CONTACT PERSON AND PHONE #: _____

EMERGENCY 24 HOUR CONTACT PHONE #: _____

WHO DOES THIS PHONE NUMBER CONTACT? _____

WILL AN EMERGENCY CALL BY WCHD BE RETURNED WITHIN 1 HOUR? _____

PUMP STATION LOCATION: Section: _____ Block: _____ Lot: _____ Municipality: _____

Address/Nearest street or intersection: _____

COUNTY SEWER DISTRICT: _____ LOCAL SEWER DISTRICT: _____

SERVICE AREA: _____

NAME OF RECEIVING TREATMENT WORKS: _____

NAME OF WATERSHED AREA IN WHICH PUMP STATION IS LOCATED: _____

DATE OF ORIGINAL CONSTRUCTION OF PUMP STATION: _____

DESIGN CAPACITY: _____ AVERAGE DAILY FLOW: _____

NUMBER OF PUMPS: _____ PUMP TYPES: _____

PUMP RATED CAPACITY (EACH): _____

FORCEMAIN SIZE: _____ FORCEMAIN LENGTH: _____

RECEIVING MANHOLE LOCATION: _____

DESCRIBE EMERGENCY POWER/GENERATOR INFORMATION: _____

DESCRIBE ALARM SYSTEM AND CONTACT SEQUENCE: _____

ARE THERE ANY OVERFLOW OR BY PASS PIPES? _____

IF YES, WHERE IS THE DISCHARGE LOCATION OF THIS PIPE? _____

ARE THERE WATERBODIES LOCATED NEAR THE PUMP STATION? _____

NAME OF WATERBODY: _____

DATES OF MAJOR RECONSTRUCTION/CAPITAL IMPROVEMENTS: _____

DESCRIBE WORK PERFORMED: _____

OVERFLOW/BYPASS HISTORY THE PAST YEAR: _____

INSPECTION/MAINTENANCE FREQUENCY FOR PUMP STATION: _____

FORM COMPLETED BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

Please note that sewage related emergencies such as pump station failures, sewage overflows, pipe breaks and other similar problems must be immediately reported to the Westchester County Department of Health by calling 813-5000 (day or night).

DEPARTMENT OF HEALTH
Patsy Yang, DrPH, Acting Commissioner