

LIFT STATION REPORT

DATE: _____ REGULAR: _____ OVERTIME: _____
OPERATORS: _____ TIME: _____ A.M. _____ P.M.

LIFT STATION ADDRESSES:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> #1 _____ | <input type="checkbox"/> #11 _____ |
| <input type="checkbox"/> #2 _____ | <input type="checkbox"/> #12 _____ |
| <input type="checkbox"/> #3 _____ | <input type="checkbox"/> #13 _____ |
| <input type="checkbox"/> #4 _____ | <input type="checkbox"/> #14 _____ |
| <input type="checkbox"/> #5 _____ | <input type="checkbox"/> #15 _____ |
| <input type="checkbox"/> #6 _____ | <input type="checkbox"/> #16 _____ |
| <input type="checkbox"/> #7 _____ | <input type="checkbox"/> #17 _____ |
| <input type="checkbox"/> #8 _____ | <input type="checkbox"/> #18 _____ |
| <input type="checkbox"/> #9 _____ | <input type="checkbox"/> #19 _____ |
| <input type="checkbox"/> #10 _____ | <input type="checkbox"/> #20 _____ |

TYPE OF WORK DONE

- | | |
|---|--|
| <input type="checkbox"/> Lift Station Call | <input type="checkbox"/> Lift Station Painting |
| <input type="checkbox"/> Lift Station Maintenance | <input type="checkbox"/> Flushing Lift Station |
| <input type="checkbox"/> Lift Station Checks | |

Operator's Remarks _____

Materials Used _____
