

LSC SEWER ASSET REPORT

One Stop No..... Customer Call: Date.....Time.....
 Number.....Street..... Commence Work: Date.....Time.....
 Suburb/Town.....

- | | | |
|--|---|--|
| <input type="checkbox"/> Main | <input type="checkbox"/> Manhole | <input type="checkbox"/> Lamphole |
| <input type="checkbox"/> Branch | <input type="checkbox"/> Shaft | <input type="checkbox"/> Effluent Recycling System |
| <input type="checkbox"/> House Drains - Customer's Problem | <input type="checkbox"/> Combined House Drain | |
| <input type="checkbox"/> Rising Main | | |

LOCATION	PROBLEM: TYPE, CAUSE & SOLUTION
----------	---------------------------------

Pipe Details:
 Size.....mm Main Depth.....m
 Earthenware AC Cast Iron
 Concrete Ductile Concrete
 uPVC Light Heavy

Shaft Details:
 Light Duty Heavy Duty

Soil Type:
 Clay Rock Gravel Sand
 Mud/Acid Sulphate Red

Type:
 Choke in Main Storm Surge
 Choke in Branch Broken Rising Main
 Choke in Shaft Odour Complaint
 Wet Weather Infiltration _____

Probable Cause:
 Tree Roots Fat
 Loss of Support "External Agency"
 Increased Pressure Random event
 Illegal Connections _____
 Pumping Station failure

Method of Repair:
 Rod Main Plunge shaft
 Eel Plunge OG
 Replace pipe Replace shaft
 Raise Manhole/Shaft Clamp

IMPACT

Overflow information:
 Overflow occur?: Yes No
 Location: Private Public
 Extent: Slight Extensive

Damage:
 Location: Private Public
 Extent: Slight Extensive

Disruption to Service:
 Repair Start Time.....
 Repair Finish Time.....
 Estimated No. of Properties Affected:.....

PREVENTATIVE MAINTENANCE DONE

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Vapour Root | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Jetter | |

ODOUR COMPLAINT INVESTIGATION

Probable Cause:
 Treatment Plant Pumping Station
 LSC sewer Customer drain
 Odour logger installed _____

AVOIDING REPEAT OCCURRENCES within 12 months
--

Risk:
 Low Medium High

Avoidance:
 Redesign Staff Training
 Public Education Replacement
 Preventative Maint. Nothing

Complete Work: Date.....Time..... Signature: