### Bunging Permit for Highly Critical Lines

|  |
| --- |
| **This permit is (only) required for Highly Critical Lines (see *Sewer Line Bunging Flowchart).* One permit is to be issued per sewer line segment (manhole to manhole) being bunged. To be prepared and issued on the first day of the works and to be available on site for the duration of the works.** |
| Project No.: | Permit No.: | Catchment: | Location: |
| Contractor: | Foreman: | Network Champion: |
| Start Date: | End Date: | No. of sites/bungs:  |
| **Network and Risk Assessment** |
| Was a Network Assessment Completed? € Yes € No | Why is this line assessed as Highly Critical? (Select those that apply) € Total Required Bunging time is greater than 8 hours € Total Required Bunging Time is within 2 hours of Network Retention Time € Line is larger than 300 mm € Site is located downstream of a high flow producer (Identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) € Site is located on a hill € Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|

|  |  |
| --- | --- |
|  | Hours |
| Network Retention Time: |  |
| - Emergency Response Time (at least 2 hours): |  |
| **= Available Work Time:** |   |

 |

|  |  |
| --- | --- |
|  | Hours |
| Time Works Started: |  |
| + Available Work Time: |  |
| **= Time Works Need to Be Completed By:** |   |

 |
| **Monitoring Plan** |
| Person Responsible for Monitoring: | Frequency of Monitoring: |
| Key Monitoring Location(s): |
|   |
| **Emergency Response Plan (select method to be used)** |
| * **Sucker Truck**

**Mandatory on site stand-by when working on hills** | Insert list of suppliers, emergency phone numbers, and truck availability: |
| * **Standby By-Pass (Off-site)**
 | Supplier: | Confirmed Availability? € Yes € No |
| Contact Person: | Number: |
| Discharge Manhole:  | Receiving Manhole: |
| * **By-Pass (On Site)**
 | Follow the procedures in the *Wastewater Overpumping Best Practice Guide*  |

|  |
| --- |
| **Permit Issue and Receipt**  |
| * I have checked with Council if there have been any changes within the network since the Network Assessment.
* I have verified that the Emergency Response Plan is in place.
 |
| Permit Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) (Engineer) |
| * I agree to the works and conditions included in this Permit.
* I acknowledge that the Emergency Response Plan as described in this Permit is in place.
* I acknowledge that this permit is no longer valid if conditions of the site change.

Permit Receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_\_\_\_\_\_\_\_\_\_\_ (date) (Foreman) |
| **Permit Closure**  |
| * I acknowledge that this permit is closed and no longer valid. Reason for closure: € Complete € Cancelled

Permit Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_\_\_\_\_\_\_\_\_\_\_ (date) (Engineer)Permit Receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sign) \_\_\_\_\_\_\_\_\_\_\_\_ (date) (Foreman) |
| **Permit Issue and Receipt**  |
| * I have checked with Council if there have been any changes within the network since the Network Assessment.
* I have verified that the Emergency Response Plan is in place.
 |
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### Wastewater Overpumping Set-Up Information Sheet

GENERAL

|  |  |
| --- | --- |
| Overpumping setup location | Street Address |
| Project # | 10101 |
| Overpumping Manager  | Name, phone  |
| Council Permit to Work  | Permit no. and approval date  |
| SWMS Reviewed and Accepted by Environment Team? | SWMS Title, date of approval |

OVERPUMPING DESCRIPTION (attach plan)

|  |  |
| --- | --- |
| Justification for over pumping | What work needs to be carried out before pump can be removed? |
| Date Installed | Date |
| Expected end date of Overpumping | Date |
| Mobile pump or static pump | If mobile description of what area it will cover eg. Road and direction of movement |
| Suction location | Description of location plus provide plan |
| Discharge Location | Description of location plus provide plan |
| Pipework | Type of pipe, approx. length, overland or buried, driveway ramps, couplings secured, buried as per WWOP BPG |

NETWORK RECONNAISSANCE

|  |  |
| --- | --- |
| Overflow structures (Where, How Far) | Description of location, How does it affect storage? plus provide plan |
| Lift Stations/ Pump Stations in catchment | Description of location, effect it has on area being overpumped? plus provide plan |
| High flow producers in catchment (e.g hospitals, supermarkets, industrial) | Description of location, effect it has on area being overpumped? plus provide plan |
| Low Points in catchment | Where are the low points in the network, Have calculations been made on storage levels? Provide plan on areas of risk |

PUMP MAINTENACE

|  |  |
| --- | --- |
| Pump Supplier | Stella/Pump Hire/Sykes etc |
| Pump model /size | 6” pump  |
| Maximum pump flow rate | Volume e.g. 6” pump has max capacity of 76l/s |
| Average pump flow rate | Estimated l/s |
| Who refuels the pump? (daily) | Contractor name, phone |
| Who conducts pump maintenance? (every 10 days) | Contractor name, phone |
| Who conducts pipe maintenance? (every 10 days) | Contractor name, phone |

BY PASS SETUP MONITORING

|  |  |
| --- | --- |
| Who monitors the pump during the day? | Person name, phone |
| Who monitors the pump over weekends? | Person name, phone |
| Who is called if emergency work is needed on the setup week days? | Person name, phone |
| Who is called if emergency work is needed on the setup after hours? | Supervisor On-Call phone 027 838 6331 |

SITE SPECIFIC EMERGENCY PLAN

1. PUMP FAILURE (attach plan)

|  |  |
| --- | --- |
| Storage capacity in the WW system | Hours |
| Potential discharge points | Manholes/overflow structures |
| Potential discharge points to SW | Description of location plus provide plan |
| Potential discharge points to River | Description of location plus provide plan |

1. PIPEWORK FAILURE (attach plan)

|  |  |
| --- | --- |
| Location of discharge to SW | Description of location plus provide plan |
| Location of discharge to River | Description of location plus provide plan |
| In emergency can the pump be turned off? (>3hours storage) | Yes/No If Yes how long can it be safety turned off for? |

1. CONTINGENCY PLAN

|  |
| --- |
| e.g If pump fails actions required:1.2If pipework fails actions required:1.2. Attach additional sheet if needed – detail site specific risks eg. Overflow, TM required |

PLANS REQUIRED

1. Pump Set-Up: Suction manhole, discharge manhole, bypass pipe
2. Location overflow would enter SW in event of incident
3. Location overflow would reach waterway in event of incident
4. Location of High Producers on line: Pump stations, lift stations, industrial discharges
5. Location of low points in catchment
6. Location of Overflow structures to Stormwater and/or River

REVIEW REQUIREMENTS

* Information to be reviewed monthly by Pump Manager
* Any changes to the information above must be updated **IMMEDIATELY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date completed: | 01/02/13 | By: | Pump manager |
| Date of next Review (1 month): | 01/03/13 | By: | Pump manager |
| Environment Team (approval of plans) | Print & sign name | Date: | 01/02/13 |
| Supervisor: (approval of set-up)) | Print & sign name | Date: | 01/02/13 |
| Project Manager (proposal approved) | Print & sign name | Date: | 01/02/13 |

### Daily Wastewater Overpumping Inspection Sheet

PROJECT: PUMP LOCATION:

CHECK BY: DATE: TIME:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Environmental Check | Y/N/N-A | If “No”: Immediate action taken |
| 1 | Is there a Warning Sign On Fence?  |  |  |
| 2 | Is there a Sub5 Sign on Fence? | , |  |
| 3 | Is there a Over pumping Poster Sign on fence? |  |  |
| 4 | Are all the Fence Panels cable tied or wire tied together? |  |  |
| 5 | Is the Entrance Padlocked? |  |  |
| 6 | Pipework/ Hoses inside fences where possible? |  |  |
| 7 | When Lay flat/ Pipework cross over driveways are Hose ramps in place to allow vehicles access? |  |  |
| 8 | Are Hose couplings cable tied? |  |  |
| 9 | Is pump running? |  |  |
| 10 | Is there flow?(Listen for discharge into manhole) |  |  |
| 11 | Are the Suction & Discharge Man Holes Covered?The Date Suction M/H was visually checked (Occurring Weekly if located in live lane)? |  |  |
| 12 | Is the Emergency Stop Button Connected and Protected? |  |  |
| 13 | No Oil or Diesel leaking from Pump? |  |  |
| 14 | Is noise from Pump Acceptable? |  |  |
| 15 | Any Change to set up? |  | If **Yes** Notify Environment Team |



How long did this check take you? (note: should be no more than 15 minutes): \_\_\_\_\_\_

Provide copy to Site Engineer and Environmental Advisor on completion

### Appendix F: Sewage Overflow Response Report

|  |  |  |  |
| --- | --- | --- | --- |
| Location |  | Affected water body |  |
| Overflow type | Wet weather |  | Start date |  |
| Dry weather |  |

**Summary**

**Context**

**Consequences**

**Cause**

**Actions:**

**Details**

|  |  |
| --- | --- |
| **Required for comment** | **Comment** |
| Location |  |
| Start date & time\* |  |
| Duration\* |  |
| Time signs went out |  |
| Time signs were brought in |  |
| Party and time 1st notified |  |
| Party and time of final notification |  |
| Is there any direct contact between sewage and food sources used by humans? (Need to be aware of cattle grazing contaminated pastures, also less obvious sources of food such as puha or watercress). |  |
| Is there direct contact between sewage and drinking water supply sources? |  |
| Is there contact between sewage and surface or ground water systems? |  |
| Is there contact between the discharge and human recreational activities? Consider both land and water uses e.g. football field, swimming lagoon. |  |
| What is the volume of waste discharged (has the discharge ceased or is it continuing)?\* |  |
| What is the degree of dilution or mixing in receiving waters?\* |  |
| Describe the weather at the time of discharge? |  |
| Describe the proximity of people to the discharge (odour or other nuisance may result). |  |
| Is there any substantial change to the existing situation as a result of the discharge? |  |

*\*Please note: These figures are from raw data. A quarterly report from the software provider will provide processed data and figures will then be confirmed to ECAN.*

**Include:**

**Eg. Plans, photos, sample reports, monitoring reports, evidence of best practice, evidence of following reporting requirements**