

**CITY OF ST. AUGUSTA
CITY COUNCIL MEETING**

May 6, 2016

9:15am

AGENDA

1. Call Meeting to Order – Mayor Kroll.
2. Pump Maintenance Agreement, Lift Stations
3. Adjourn

REMINDERS: Board of Review and Equalization, Friday, May 6 9:30am
City Wide Clean Up Day, Saturday, May 21, 7am to 11am
Regular City Council Meeting, Tuesday, June 7, 7:00



SCHEDULED PUMP MAINTENANCE AGREEMENT

Date Prepared: 4/13/16

Prepared By: Joe Rubbelke/Jenny Braith

Total Number of Stations: 2

Number of Pumps to be Inspected: 5

Number of Inspections per Year: 1

Months Service be Performed: Customer Choice

Fee for this Service Agreement: \$825.00 per Inspection

Maintenance for pumps. Pump info will be documented at time of service.

Customer Name: City of St. Augusta
Contact Name: Chad Blacking
Phone Number:
Cell Phone: 320-223-4716
Email: publicworks@staugustamn.com

Pump Model(s):
Serial Number:
Horse Power: (2) 15hp & (3) 20hp

TERMS

Any additional repairs (service labor, parts and trip charges) will be performed only after authorization and will be an additional charge. Pumps in dry pit stations shall be inspected in the station, and not removed. **If confined space entry is required, an additional fee of \$150 per station entered shall be charged.**

This agreement price includes all trip charges, overnight stays and service time. A written report of the findings will be supplied to the owner. Prior to all inspections, the owner will be notified of our impending visit.

All unscheduled emergency calls and repairs are in addition to this periodic preventative maintenance agreement.

All parts and labor are subject to the manufacturer's published warranty.

The fee for this maintenance agreement shall be guaranteed for two years and payable when the service is performed and billed. Payment terms are Net 30. **If you would like to elect a three year service agreement at the guaranteed pricing listed above, please check this box.**

Minnesota Pump Works assumes no liability for loss of use or for any direct, indirect or consequential damage of any kind with respect to the use or operation of pumps, any equipment or accessories covered in this agreement.

This agreement shall be effective from its signed date and shall continue in effect until termination by either party upon 30 days prior written notice.

The owner's responsibility will be:

- A) Have a representative available to allow entry to pumps.
- B) Disposal of all waste.

Accepted by: _____ Title: _____ Date: _____

A signed and dated copy of this maintenance agreement must be faxed to (507) 645-7533 or emailed to Minnesota Pump Works at info@minnesotapumpworks.com. The effective date of the maintenance agreement will be the date the form is signed, dated and returned.

Bill McCabe

From: Chad Blashack <publicworks@staugustamn.com>
Sent: Thursday, May 05, 2016 8:33 AM
To: Bill McCabe
Subject: Fwd: lift station inspections
Attachments: LIFT STATION INSPECTION REPORT MASTER (2).doc; Untitled attachment 00132.htm; WWG Line Card.pdf; Untitled attachment 00135.htm

WW Goetch pump inspections. \$100 per pump. The checklist doesn't look quite as extensive. But looks like it hits all the necessary points.

Chad Blashack
Water/Wastewater Operator
City of St. Augusta
320-223-4716

Begin forwarded message:

From: "Bryan Goehring" <bgoehring@wwgoetsch.com>
Date: May 4, 2016 at 1:05:41 PM CDT
To: "Chad" <publicworks@staugustamn.com>
Subject: lift station inspections

Chad,
Attached please find our lift station inspection form.
We charge \$200 per duplex station and will have two service technicians present per confined space requirements and safety purposes.
Please let me know if you have any questions or would like to schedule the inspections.

Bryan Goehring
W.W. Goetsch Associates
5250 West 74th Street
Minneapolis, MN 55439
Direct (952) 374-6472
Mobile (612) 845-9243

W. W. GOETSCH ASSOCIATES, INC.

LIFT STATION INSPECTION REPORT

P.O. #: _____
 DATE: _____

SUBMITTED BY: _____
 PROJECT NAME: _____
 ADDRESS: _____

PUMP #1

MODEL _____
 S/N _____
 HP _____ FLA _____
 PHASE _____ VOLTAGE _____
 IMP. DIA. _____ R.P.M. _____
 GPM _____ T.D.H. _____

RUNNING AMPS LINE VOLTAGE

RED _____ BLK _____
 WHITE _____ R T M _____

PUMP #2 (#3)

MODEL _____
 S/N _____
 HP _____ FLA _____
 PHASE _____ VOLTAGE _____
 IMP. DIA. _____ R.P.M. _____
 GPM _____ T.D.H. _____

RUNNING AMPS LINE VOLTAGE

RED _____ BLK _____
 WHITE _____ R T M _____

#1	#2	#3	CHECK IF OK:
x	<input type="checkbox"/>	<input type="checkbox"/>	CABLE FREE OF CUTS
x	<input type="checkbox"/>	<input type="checkbox"/>	MOTOR INSULATION TO GROUND
x	<input type="checkbox"/>	<input type="checkbox"/>	OIL IN STATOR HOUSING
x	<input type="checkbox"/>	<input type="checkbox"/>	OIL IN SEAL HOUSING
x	<input type="checkbox"/>	<input type="checkbox"/>	ROTATION CORRECT
x	<input type="checkbox"/>	<input type="checkbox"/>	IMPELLER FREE
x	<input type="checkbox"/>	<input type="checkbox"/>	BOLTS TIGHT
x	<input type="checkbox"/>	<input type="checkbox"/>	VALVES OPERATIONAL
x	<input type="checkbox"/>	<input type="checkbox"/>	ACCESS HATCH

NOTES: _____

PUNCH LIST ITEMS:

CONTROL PANEL MAKE

- OK _____
- MAIN CIRCUIT BREAKERS _____
 - PUMP CIRCUIT BREAKERS _____
 - ALL CONNECTIONS TIGHT
 - ALTERNATION
 - OVERLOADS SET AT: _____
 - TYPE OF STARTER _____
 - FUSES/CIRCUIT BREAKER _____
 - LIGHT BULBS _____
 - ALARM SYSTEM _____
 - DIALER MODEL _____
 - FLOATS OPERATIONAL
 - FLOATS INSTALLED PROPERLY