

PART 6 - STANDARD DESIGN AND CALCULATION FORMS

6.5 PUMP STATION DATA SHEET

Name of Municipality or County Sewer District _____

Name of Project _____

Original Lot and Tract No. _____

Name of Engineer or Firm Preparing Plans _____

Address _____

Name and Address of Municipal or County Official to whom plan approval should be sent

<u>SITE</u>	YES	NO
(a) Accessible at all times?	___	___
(b) Graded around station to provide positive flow drainage away from the station?	___	___
(c) Protected to prevent vandalism and entrance by unauthorized persons or animals?	___	___
(d) Subject to flooding?	___	___
(e) Distance to nearest dwelling _____		

Estimated average flow tributary to this station _____ GPD

Estimated peak flow tributary to this station _____ GPD

TYPE WASTE TO BE PUMPED

- ___ (a) Sanitary
- ___ (b) Combined (Sanitary & Storm)
- ___ (c) Industrial

Source of Industrial Waste _____

PNEUMATIC EJECTORS

- (a) Make and Model Number _____
- (b) Operating Conditions _____ GPM @ _____ T.D.H.
- (c) Number of Compressors _____
- (d) Number of Pots _____
- (e) Capacity of Pot _____

PUMPS

- (a) Number _____
- (b) Make, Model # and Type (Suction lift, positive displacement, centrifugal, horizontal centrifugal)
Make _____
Model _____
Type _____
- (c) Materials (Cast iron, stainless steel, etc.)
Casing _____
Impeller _____
- (d) Operating conditions _____ GPM @ _____ T.D.H.
- (e) Maximum allowable speed _____ RPM

YES NO

- (f) Will pass 3" sphere _____
- (g) Water seal unit air gapped _____

DRY WELL

- (a) Type of construction _____
- (b) Corrosion protection _____

YES NO

- (c) Stairway or access ladder with treads of non-slip material _____
- Stairway or safety landings provided every 10' _____
- (d) Ventilation-positive _____
- Outside Controls _____
- Number of air changes per hour _____

	YES	NO
(e) Dehumidifier to insure a dry atmosphere for protection of motors and control system	___	___
(f) Lighting - explosion proof	___	___
- outside controls	___	___
(g) Sump pump to handle floor drainage	___	___
- discharge line air gapped above high water alarm elevation	___	___

WET WELL

Type of Construction _____

(a) ASTM C-361 joints between precast concrete section? Yes ___ No ___

(b) Effective Capacity ___ Gal. Design Detention Time ___ at ___ flow

(c) Elevations: Inlet invert _____

Outlet invert _____

Bottom of wet well _____

Low shut well _____

No. 1 Start _____

No. 2 Start _____

No. 3 Start _____

High Water Alarm _____

Bypass or overflow _____

If yes, is treatment provided? Yes ___ No ___

Explain _____

Lowest Basement _____

(d) High Water Alarm Make _____

Model _____

Type _____

	YES	NO
Battery Operated Alarm	___	___
Telemetered Alarm	___	___
Provisions for retaining overflow waste on-site	___	___

CONTROLS

Make _____

Model _____

Type _____

Alternating Yes ___ No ___

Enclosure: _____

	YES	NO
Is flow measuring device provided?	___	___
Is standby power supply available?	___	___
Is emergency pumping facilities provided?	___	___

The foregoing is a true statement of facts pertaining to this proposed pump station installation.

DATE: _____ SIGNED: _____
Sanitary Engineer (preparing plans)