

LIFT PUMP DATA SHEET

Chester County Health Department
Bureau of Environmental Health Protection

NAME: _____ APPLICATION #: _____

MUNICIPALITY: _____ DATE: _____

DATA

1. Lift Pump: Manufacturer _____ Model # _____

2. Sewage Flow, peak rate: (min. 5 GPM) _____ GPM

3. Pump Discharge Rate: (Design Rate) _____ GPM

4. Critical Elevations: (From Topographical Plan)

- | | |
|-------------------------------------|------------------------|
| a. Grade at Pump Station: _____ ft. | e. Pump On: _____ ft. |
| b. Tank Floor: _____ ft. | f. Pump Off: _____ ft. |
| c. Intake Invert: _____ ft. | g. Alarm On: _____ ft. |
| d. D-box / Header Pipe: _____ ft. | |

5.) Pump Tank: Capacity _____ Gal.

Rectangular: _____" L _____" W _____" H Round: _____" Diameter _____" Depth
(USE INTERNAL TANK DIMENSIONS)

6.) Fittings: Calculate total equivalent lengths

	Quantity	Delivery Line Equiv. Length (ft)	Total (feet)
90 Elbow			
45 Elbow			
Std. Tee			
Couplings			
Quick Disc.			
Check Valve			
Other (specify)			
Force Line			
			feet

Total Delivery Line Equivalent Length = feet @ _____ inches in diameter

Type of Piping: _____ (All pipe MUST be schedule 40 or equivalent)

CALCULATIONS

7.) Friction Head: _____ feet (F.H.)

8.) Static Head: _____ feet (# 4.(d.)- # 4.(f.) = S.H.)

9.) Total Head: _____ feet (F.H. + S.H. = T.H.)

10.) Pump Discharge Rate: (Attached Mfr. Curve) _____ GPM

11.) Dose Volume: _____ Gallons

12.) **HYDRAULIC PROFILE** – Illustrate the following below:

- a) Submit a profile drawing showing all elevation changes and fittings from the pump tank to the distribution box or header pipe. This drawing may be on 8 1/2" x 11" paper (or folded to this size).
- b) Elevations must be from a topographic plan.

Prepared by: _____ Approved by: _____

ALL CHANGES MADE TO THESE SPECIFICATIONS REQUIRE PRIOR APPROVAL BY THIS DEPARTMENT.

Four (4) copies of this form must be submitted