



PROJECT SUMMARY SHEET FOR PLAN REVIEW OF PROPOSED PUMP STATIONS

Water System Name _____

Project Title (same as listed on water supply data sheet): _____

Location of Station: _____

Name of Station: _____

The following is a summary of the proposed pump station:

Pump Number	Capacity gpm @ expected TDH	Constant Speed	Variable Speed

1. Will the pump station pump to elevated storage? Yes No

If Yes:

a. What is the peak daily water demand of the area served by the station? _____

b. Will the proposed pumps meet or exceed the peak daily water demand with the largest pump out of service? Yes No

c. Will the pumps be controlled by telemetering of the water level in the tank? Yes No

2. Will the pump station pump directly to the service area? Yes No

If Yes:

a. What is the peak hourly water demand of the area served by the station? _____

b. Will the proposed pumps meet or exceed the peak hourly water demand with the largest pump out of service? Yes No

c. Please explain how the pumps will be operated to maintain pressure in the zone served by the pump station: _____

d. What is the elevation of the highest service connection served above the pump station's discharge? _____ feet MSL

e. Will the pump station be provided with two independent power sources, an automatic standby generator, or an automatic connection with another pressure zone that can supply 20 psi throughout the service area?

Yes No

f. If yes, please provide detailed information regarding the back-up power source such as hp, size, capacity, location, and type. _____

3. What is the 100 year flood elevation for the proposed pump station site? _____ feet MSL

4. Will the station and access roads be constructed 3 feet above the 100 year flood elevation? Yes No

5. Will the pumps be installed in a building which has a floor at least 6 inches above grade? Yes No

6. Will surface drainage be away from the pump station? Yes No

7. Will the pumps be installed in an above ground structure? Yes No

If No:

a. Will the underground vault be of watertight construction? Yes No

b. Will forced ventilation be provided at a minimum circulation rate of 6 air changes per hour? Yes No

- c. Will a safe entry/exit be provided? Yes No
 OSHA may define this as a confined space which may require a permit.
8. Will the floor drains have no direct connection to either a storm or sanitary sewer? Yes No
9. Will the pumps be accessible for servicing and repair? Yes No
10. Will air vents be down turned and screened? Yes No
11. Will a heater be provided? Yes No
12. Will a dehumidifier be provided? Yes No
13. Will the pump station be lockable? Yes No
14. Will a minimum of two pumps be provided? Yes No
15. Will adequate lighting be provided? Yes No
16. Will suction and discharge pressure gauges be provided? Yes No
17. Will sample taps be provided on the suction and discharge sides of each pump? Yes No
18. Will a shut-off valve be provided on the suction and discharge lines? Yes No
19. Will a check valve be provided between the pump and the shut-off valve? Yes No
20. Will a totalizer meter be provided at the discharge of the pumps? Yes No
21. Will the pumps be provided with a minimum pressure sustaining valve if the pressure in the suction pipe drops to 10 psi? Yes No
22. Will normal pump operation maintain a minimum pressure of 20 psi on the suction side? Yes No
23. Please provide the pressure on the suction side and discharge side of the pumps during normal station operation.

Suction Side Pressure _____ psi

Discharge Side Pressure _____ psi

24. Will there be a bypass of the proposed pump station? Yes No
25. Will water hammer/surge relief be provided? Yes No

26. Will the station be provided with an alarm to indicate that the station is out of service or malfunctioning? Yes No

27. If a sodium or calcium hypochlorite feed system will be provided as part of these plans please provide the following information:

a. Type of Chemical (Sodium or Calcium Hypochlorite) _____

b. Is a cool dry storage area provided, away from other chemicals or materials? Yes No

c. Metering Pump: Model _____
(positive displacement) Capacity (gpd) _____
Number _____
Feed Range _____

d. Injection point location _____

e. Will a sample tap be provided downstream of the injection point? Yes No

f. Will a covered non-corrosive solution tank be provided? Yes No
Volume _____

g. Will a means to determine volume in the solution tank be provided? Yes No

h. Will an air gap be provided between the service water and the solution tank? Yes No

Provide a justification for any of the above questions which are answered "no".

Name: _____ Date: _____