



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 stations 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

f. 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 underground vault? Yes  No

If Yes:

a. Will the 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 an automatic cut-off 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".

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Name: \_\_\_\_\_ Date: \_\_\_\_\_