DELAWARE COUNTY HEALTH DEPARTMENT

Environmental Health Division

LIFT PUMP DATA SHEET

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 THE ENVIRONMENTAL HEALTH DIVISION.

Two (2) copies of this form must be submitted

Print