Division of Drinking and Ground Waters

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. Are the pumps and valves in the station tagged to correspond to the maintenance record and for proper identification? Yes ☐ No ☐

8. 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.

9. Will the floor drains have no direct connection to either a storm or sanitary sewer? Yes ☐ No ☐

10. Will the pumps be accessible for servicing and repair? Yes ☐ No ☐

11. Will air vents be down turned and screened? Yes ☐ No ☐

12. Will a heater be provided? Yes ☐ No ☐

13. Will a dehumidifier be provided? Yes ☐ No ☐

14. Will the pump station be lockable? Yes ☐ No ☐

15. Will a minimum of two pumps be provided? Yes ☐ No ☐

16. Will adequate lighting be provided? Yes ☐ No ☐

17. Will suction and discharge pressure gauges be provided? Yes ☐ No ☐

18. Will sample taps be provided on the suction and discharge sides of each pump? Yes ☐ No ☐

19. Will a shut-off valve be provided on the suction and discharge lines? Yes ☐ No ☐

20. Will a check valve be provided between the pump and the shut-off valve? Yes ☐ No ☐

21. Will a totalizer meter be provided at the discharge of the pumps? Yes ☐ No ☐

22. Will the pumps be provided with a minimum pressure sustaining valve if the pressure in the suction pipe drops to 10 psi? Yes ☐ No ☐

23. Will normal pump operation maintain a minimum pressure of 20 psi on the suction side? Yes ☐ No ☐

24. 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

25. Will there be a bypass of the proposed pump station? Yes ☐ No ☐

26. Will water hammer/surge relief be provided? Yes ☐ No ☐

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

28. 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: (positive displacement)
       Model _____
       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: _____