

**CHESTER COUNTY HEALTH DEPARTMENT**  
 Bureau of Environmental Health Protection  
 Division of Water & Sewage

**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)			
<b>Force Line</b>			
			<b>feet</b>

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

S:/healthenv/admin/forms/lift pump10-06-TG