



Industrial Pump Station Rehabilitation

Name of system or owner: _____ Phone (____) ____ - ____

Street Address: _____ City _____ State ____ Zip: _____

Name of the Station _____

Name the industries or companies discharging wastewater into the station: _____

Is there a municipal permit? Yes / No. Do you need an Engineered drawing? Yes / No

Average estimated daily flow _____ GPD. Flow of pump station by design _____ GPM

TDH of station by design _____ TDH. Force main diameter _____ (in)

Force main Length _____ (ft).

Total Static Head (Elevation from off level to highest point in force main) _____ (ft)

Dimensions of the wet well _____ (diameter) X _____ (depth) _____

Separate valve chamber? Yes / No Depth of the inlet? _____ (ft)

Number of inlets _____ Brand & model of the current pumps _____

Inlet Gravity Flow? Yes / No. Inlet Force Main? Yes / No Length _____ (ft)

Do you intend on replacing the control panel? Yes / No.

Voltage _____ Phase _____

Wastewater Characteristics

Influent PH _____ D.O. _____ Susp. Solids _____ B.O.D. _____ Temp _____

Effluent PH _____ D.O. _____ Susp. Solids _____ B.O.D. _____ Temp _____

Volatile organic carbon measured? _____ Influent _____ Effluent _____

Bacteria or enzyme products in current use _____ Past _____

Cleanders _____

Organic compounds _____

Bleach _____ quantity per month _____

Acids _____ quantity per month _____

Alkaline _____ quantity per month _____

Ammonia _____ quantity per month _____

Influent components: (Indicate influent components with percentages of total flow)

Domestic wastes _____% Industrial Wastes _____% Toxic _____%