



LIFT STATION INFORMATION

STATION NAME: _____

ADDRESS: _____

PHONE: _____

LONGITUDE: _____ LATITUDE: _____

WET WELL DIMENSIONS: _____

LENGTH, TYPE AND SIZE OF FORCE MAIN:

LOCATION OF END OF FORCE MAIN: _____

AVERAGE FLOW (gpd): _____

OVERFLOW POINT (Creek Name if applicable):

OVERFLOW POINT (GPS)

LONGITUDE: _____ LATITUDE: _____

FORCE MAIN PRESSURE

(1 PUMP RUNNING): _____

(2 PUMPS RUNNING): _____

PUMP INFORMATION

NAME: _____ TYPE (Model): _____

SERIAL NUMBER: _____ HORSE POWER: _____

NORMAL RUNNING AMPS: _____ GPM RATING: _____

VOLTAGE: _____ RPM: _____ TDH: _____

IMPELLOR DIAMETER: _____ PUMP WEIGHT: _____

PUMP SUPPLIER

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT NAME: _____

GENERATOR INFORMATION

NAME: _____ TYPE (Model): _____

SERIAL NUMBER: _____ KW RATING: _____

FUEL TYPE AND CAPACITY: _____

FUEL USAGE RATING PER HOUR AT 100% LOAD: _____

GENERATOR SUPPLIER

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

24 HOUR EMERGENCY CONTACT NAME: _____

PHONE: _____