

**WMO SCHEDULE E
LIFT STATION**

I. LIFT STATION DATA:

1. Name of Project: _____
 Location of Lift Station: _____

2. DESIGN POPULATION: Area served: _____ acres; Population served: _____ PE
 Design Flow: Average: _____ GPM; Maximum: _____ GPM **(Submit service area map)**
 Lift Station will serve: Only separate sewers Only combined sewers Separate and combined sewers
 Domestic waste sewers Industrial waste sewers Domestic and industrial waste sewers

3. FORCE MAIN: Size: _____ inch; Total length: _____ feet; C = _____ (if other than 100, submit justification)
 Material and Joint Specifications: _____
 Identify stations of high and low points as shown on force main profile plan sheets: _____
 Point of discharge: _____
 Air Relief Valves are provided at high points Yes No
 Clean-out (Blow off) valves are provided at low points Yes No **(Submit force main profiles)**

4. DESIGN HEAD:
 A) Static Head: _____ feet; Discharge Elevation: _____ feet; Low Water Elevation: _____ feet
 B) Pipe Friction Loss: _____ feet at "C" = _____
 C) Minor Losses: (Valves, etc.) _____ feet at "C" = 100
 Total Dynamic Head: (A+B+C) _____ feet Maximum Suction Lift (if applicable) _____ feet

5. PUMPS:

Number of Pumps	Type of Pump	GPM per Pump	at TDH (Feet)	H.P per Pump	Pass 3" spheres

a. Rated Capacity of Lift Station: _____ GPM at _____ feet of TDH
 b. Pumping Capacity with Largest Unit Out of Service _____ GPM at _____ feet of TDH

6. WET-WELL: Effective capacity (volume between pump on and off switches); _____ gallons
 Detention time at design flow _____ minutes
 Buoyancy calculations submitted Yes No Depth of groundwater table _____ feet below ground surface

7. FLOW MEASUREMENT: Flow meter Elapsed time meters Other _____

8. FUTURE: Lift Station is designed to serve: (a) only the population indicated above ; or (b) an anticipated additional population of _____. If additional flow is anticipated and lift station does not have adequate capacity, explain: _____

Note: Lift station design data and calculations (including pump curves and system curves) must be submitted with Schedule E. Provide information for all public service lift stations: a) Service map area including anticipated future service areas. b) Provide calculations and all pertinent information for future growth including population equivalents and pump curves.

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II. EMERGENCY OPERATION:

1. In case of power failure, alternate power is , is not available.
2. Alternate power is provided by: Secondary power feed , Emergency equipment
3. If alternate power is provided by secondary power feed,
 - (a) Name of Source _____
 - (b) Attach statement by proper authority certifying source and availability.
4. If alternate power is provided by emergency equipment, _____
 - (a) Indicate type of emergency equipment: Portable pump , Portable generator , Stand-by gas generator , other , describe: _____
 - (b) Is a portable pump, with adequate pumping capacity, available for use at all times? Yes No
 - (c) Has a riser from the force main been provided to hook-up portable pumps? Yes No
 - (d) Type of alarm system proposed: _____
 - (e) Power source to operate alarm system: _____
 - (f) Is emergency equipment listed available at all times for emergency use? Yes No
 - (g) Is someone available at all times to set up and operate the emergency equipment? Yes No
 - (h) Maximum length of time between a power failure and commencement of pumping by emergency equipment _____
 - (i) Estimated time interval before flood damage or sewer backup will occur _____

III. COMPLIANCE WITH ARTICLE 6, ARTICLE 7, AND ARTICLE 8

1. Does the lift station have provisions to protect it against the flood protection elevation? Yes No
2. Does the lift station have provisions to automatically alternate the pumps? Yes No



Design Engineer _____ Date _____

The Permittee hereby assumes full responsibility to operate and maintain the above lift station and to provide emergency service in the event of power failure for any reason whatsoever. The Permittee further assumes all responsibility for damages or claims arising out of the operation or failure of this lift station.

Permittee BY _____ Name and Title Date _____