

PUMP STATION QUESTIONNAIRE



NAME: _____

ORGANISATION: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

SCHEME NAME: _____

SITE ADDRESS: _____

REQUIREMENT (please tick):

Packaged Pump Station Equipment Only Commissioning Service Contract

SELECTION DATA:

FLOW RATE: _____ STORAGE VOLUME (24 HRS?): _____

NUMBER OCCUPANTS: _____ WET WELL DIAMETER: _____

PROPERTY TYPE: _____ WET WELL DEPTH: _____

SITE DATA:

1. Pumped liquid (Sewage, drainage, storm water etc) _____
2. Highest Point of rising main (metres) _____
3. Depth from ground level to invert (metres) _____
4. Length & diameter of rising main (metres) _____
5. Difference in level between inlet and discharge into outfall chamber _____
6. Sewers for adoption? Please specify water authority: _____

EQUIPMENT REQUIREMENTS:

Single or dual pump station: _____

Kiosk required (outdoor): _____

Hazardous area (Y/N): _____

Separate valve chamber: _____

Single or three phase supply: _____

Access cover required (pedestrian or vehicle): _____

Control Panel required: _____

PLEASE COMPLETE AS MUCH OF THE ABOVE AND EMAIL TO

winsford@pumpsupplies.co.uk

ANY QUERIES, PLEASE CONTACT US ON: 01606 863343