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

DOSING PUMP DATA SHEET

NAME: _____ APPLICATION #: _____

MUNICIPALITY: _____ DATE: _____

DATA

1.) Dose Pump: Manufacturer _____Model # _____

2.) Sewage Flow, peak rate (min. 5 GPM) _____GPM

3.) Pump Discharge Rate (Design) _____GPM

4.) Critical Elevations: (From Topographical Plan)

a.) Grade at Pump Station: _____ft.
b.) Tank Floor: _____ft.
c.) Intake Invert: _____ft.
d.) Manifold: _____ft.
e.) Pump On: _____ft.
f.) Pump Off: _____ft.
g.) Alarm On: _____ft.

5.) Pump Tank: Capacity _____Gal.

Rectangular: _____" L _____" W _____" H Round: _____" Diameter _____" Depth
(USE INTERNAL TANK DIMENSIONS)

6.) Fittings: Calculate total equivalent lengths *(All pipe MUST be schedule 40 or equivalent)*

	Quantity	Delivery Line Equiv. Length (ft)	Total (feet)
90 Elbow			
45 Elbow			
Std. Tee			
Couplings			
Quick Disc.			
Check Valve			
Other (specify)			
Force Line			
			feet (F)

Total Delivery Line Equivalent Length = feet

@ _____ inches in Diameter

Type:_____

	Quantity	Manifold Equiv. Length (ft)	Total (feet)
90 Elbow			
45 Elbow			
Std. Tee			
Other (specify)			
Manifold			
			feet (M)

Total Manifold Equivalent Length = feet

@ _____ inches in Diameter

Type:_____

7.) Total Delivery Line, Manifold & Fittings: _____(F)_ft + _____(M)_ ft = feet

8.) Sewage Flow (Design): _____GPM

9.) Friction Head: _____feet (F.H.)

10.) Static Head: _____feet (# 4.(d.) - # 4.(f.) = S.H.)

11.) Residual Head: _____feet (Head to be maintained at terminal end of Laterals = R.H.)

12.) Total Head: _____feet (F.H. + S.H. + R.H. = T.H.)

13.) Dose Volume: _____Gal. (Reference Ch. 73, 73.45(2))

a) Force Line + Manifold + Laterals X gal/ft X 5 ; OR
b) 100 gallons – ***whichever is greater***.

1.5" pvc = 0.09 gal/ft
2.0" pvc = 0.16 gal/ft

14.) HYDRAULIC PROFILE – Illustrate below the following:

a. Submit a profile drawing showing all elevation changes and fittings from the pump tank to the manifold.
b. A typical view of the absorption area showing the lateral elevation in beds or individual trenches.

15.) LATERALS: Submit the following drawings:

a. Submit a drawing of a typical lateral for beds or individual laterals for trench systems. The detail should begin at the manifold showing the length of the lateral, number of orifices, orifice diameter and orifice spacing.

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.