LIFTSTATION START-UP FOR SEMINOLE COUNTY UTILITIES

Lift Station Name _____

Service Address _____

Service Area ☐ Private ☐ Seminole County ☐ Other /City _____

Project _____ Fl.Power meter # _____

Contractor _____ Engineer _____

Inspected by _____ Inspection date _____

I Installation to Grade

Wet well _____ Valve box _____ Gate Valve _____

Emerg. Pumpout _____ Onsite water _____ Meter # _____

B.F.P. Cert. _____ Serial # _____

II Controls

Height _____ Explosion proof box _____ Puddy & 1/4" cheico _____

Support caps _____ Lead/Lag/Off _____ Alternator _____

Alarm _____ Adjustment _____

III Wet Well Piping

Ck. Valves _____ Size _____ No. of Inverts _____

Depth _____ Width _____ Leaks _____

Bottom slope _____ Grouting _____ Rotation _____

Seating _____ Clearance _____ Lift cable _____

IV Pumps

	Design	Pump #1	Pump #2
Horsepower	_____	_____	_____
Voltage	_____	_____	_____
Phase	_____	_____	_____
Amperage	_____	_____	_____
G.P.M.	_____	_____	_____
T.D.H.	_____	_____	_____
Make	_____	_____	_____
Model	_____	_____	_____
Serial #	_____	_____	_____
Impeller	_____	_____	_____