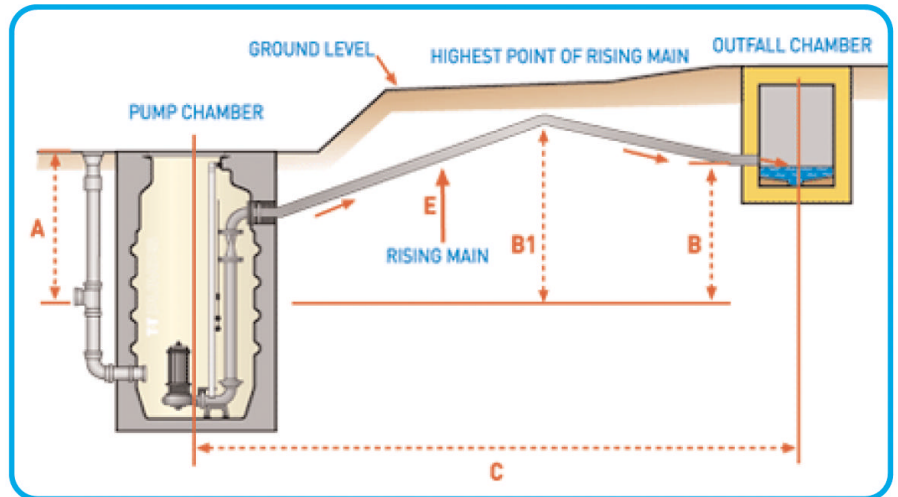


# Filpumps Sewage Package Pumping Stations Questionnaire

To enable us to select the correct equipment for your scheme, please complete and submit this short questionnaire:

Site/Scheme Name:

Scheme Address:



**A.** Depth from ground level to Inlet (mm)

**B.** Difference in level between inlet level and discharge into outfall chamber (mm)

**B1.** Highest point of Rising main (mm) (if higher than discharge of rising main)

**C.** Total distance from pump chamber to outfall chamber (metres)

**D.** Rising main internal diameter (mm) (we can advise if required)

**E.** Rising main material (we can advise if required)

**F.** Fluid to be pumped  Sewage  Drainage  Storm Water  
 Other (please specify)

Inflow Volume (l/s)

Surface Area to be collected (m<sup>2</sup>)

**G.** Pumping capacity required (l/s)   
or number/type of property/  
maximum number of occupants

**H.** Electrical power supply available  230V/1Ph/50Hz  
 400V/3Ph/50Hz

**I.** Kiosk for control panel required  Yes  No

will the electricity meters be housed in kiosk  Yes  No

**J.** Access covers loading  Pedestrian  
 Vehicle not highway  
 Road going highway rated

**K.** Telemetry Monitoring  Yes - landline  
 Yes - Mobile phone  
 No

**L.** Will the pumping station be adopted  Yes  No

**M.** If "yes", who is the adopting authority

Other information

Company Name

Name

Job Title

Address

Postcode

Phone

Fax

Email