APPENDIX B

ORANGE COUNTY UTILITIES

FORMS

Digital Data Submission
Pressure Test
Pump Station Start-up

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APPENDIX B FORMS

Digital Data Submission February 11, 2011

This form is to be utilized for the submittal of digital data in accordance with the requirements outlined in Chapter 2111, " Project Documents and Submittals".

Date of Submittal: _____

Project Number: _____

Project Name: _____

Project Manager: _____

Consulting Firm: _____

Address: _____

City: _____ State: _____ Zip:

Phone: _____ Email: _____

Type of Submittal: ☐ Construction Plans ☐ Record Drawings

File Format: _____

APPENDIX B **FORMS**

Pressure Test February 11, 2011

Project Name: _____

Constructed by: _____

☐ **Force Main**
☐ **Reclaimed Main**
☐ **Water Main**

Allowable Loss – 2 Hours
L = SD (P) 1/2
148,000 ***See Note Below***

DATE	LINE SEGMENT	STATION		LENGTH	N	D	START		END		LOSS (gal)		Pass /Fail
		From	To				Time	PSI	Time	PSI	Allow	Actual	STATUS

COUNTY Inspector's Name:		**Signature:**		**Date:**
Tester's Name:		**Signature:**		**Date:**
Comments:				

Note: L - Allowable leakage in gallons per hour.
S - Length of pipe tested, in feet.
D - Nominal diameter of the pipe in inches.
P - Average test pressure during leakage test in pounds per square inch gauge.

APPENDIX B **FORMS**

Pump Station Start-Up February 11, 2011

Prior to the pump station start-up, the CONTRACTOR shall submit this completed form to the COUNTY and the following shall have been successfully met.

- ❑ A walk through letter of acceptance; and
- ❑ All wire checks, video inspections and valve locates
- ❑ Video inspections completed;
- ❑ FDEP Water Clearance received;
- ❑ FDEP placard for fuel tank if applicable; and
- ❑ Completed "Pump Station Start-Up" form (Appendix B).

Transfer of utility bills after final acceptance shall be requested by submitting the final utility power billing statement to Utilities Water Reclamation Operations Processing Center located at 8100 Presidents Drive, Suite A, or fax to 407-836-6819.

GENERAL INFORMATION

Inspection Date: _____ Final Acceptance Date: _____

Station Name: _____ PS # _____ FILE # _____

Address: _____ Subdivision: _____

Power Company: _____ Meter Number: _____

Water Company: _____ Meter Number: _____

PRESENT AT START-UP

Contractor Name: _____ Phone Number: _____

Consulting Engineer: _____ Phone Number: _____

Pump Manufacturer Rep: _____ Phone Number: _____

Orange County Utilities Inspector: _____ Phone Number: _____

Orange County Utilities Transmission Reps: _____

ELECTRICAL EQUIPMENT

Control Panel Enclosure Mfg. _____ Control Panel Built By _____

Control Panel SN: _____ Date of Manufacture: _____

Main Service Voltage: _____ Amperage: _____

Main Disconnect Breaker Model #: _____ Amperage: _____

Control Panel Main Breaker Model #: _____ Amperage: _____

Emergency Circuit Breaker Model: _____ Amperage: _____

Pump Breaker Model #: _____ Amperage: _____

ELECTRICAL EQUIPMENT (*Continued*)

Control Breaker Model # _____ Amperage: _____

SPD Type: _____ Model: _____ Receipt Received Yes No

Transformer Model: _____ Primary: _____ Secondary: _____ KVA: _____

Transformer Model: _____ Primary: _____ Secondary: _____ KVA: _____

Alternator Name: _____ Model: _____

Phase Monitor Name: _____ Model: _____

Alarm Horn Manufacturer: _____ Model: _____

Hour Meter Manufacturer: _____ Model: _____

Starter Name: _____ Starter Size: _____ Heater Size: _____

Starter Coil Part Number: _____

Pump Voltage: _____ Phase: _____ Pump F.L.A: _____ Pump HP.: _____

Pressure Transducer Manufacturer: _____ Model: _____

PUMP EQUIPMENT

Pump Manufacturer: _____ Model #: _____

Impeller Size: _____ Number: _____

Pump #1 Serial #: _____ Pump #2 Serial #: _____

Pump #3 Serial #: _____ Pump #4 Serial #: _____

Pump #5 Serial #: _____ Pump #6 Serial #: _____

FLOAT BALLS

Float Ball Manufacturer: _____ Float Ball Type: _____

Off Level Depth: _____ Lead Start Depth: _____

Lag 1 Start Depth: _____ Lag 2 Start Depth: _____

Lag 3 Start Depth: _____ High Level Depth: _____

MECHANICAL

Valve Vault Cover Mfg: _____ Valve Vault Cover Size _____

Wet Well Cover Manufacturer: _____ Wet Well Cover Size: _____

Wet Well Diameter: _____ Wet Well Depth: _____ Guide Rail Size: _____

Base Elbow Size: _____ Riser Pipe Material _____ Riser Pipe Size: _____

Plug Valve Manufacturer: _____

MECHANICAL (*Continued*)

Plug Valve Size: _____ Plug Valve Lay Length _____

Check Valve Manufacturer: _____

Check Valve Size: _____ Check Valve Type: _____

Check Valve Lay Length: _____ Pipe Size Entering Wet-Well: _____

Oil Filled Gauges: Yes No Gauge Manufacturer: _____

Emergency Pump Out Size: Female Cam-Lock Yes No

GENERATOR

Generator Receptacle Mfg. _____ Model: _____

Transfer Switch Mfg. : _____ Model: _____

Fuel Tank Manufacturer: _____ Fuel Tank Capacity: _____

Fuel Tank Model: _____ Fuel Tank SN: _____

Generator Manufacturer: _____ KVA _____ KW _____

Generator Model Number: _____

Generator Serial Number: _____

Engine Manufacturer: _____ Year of Manufacture: _____

Engine Model Number: _____

Engine Serial #: _____

BACKFLOW

Backflow Manufacturer: _____ Size: _____ Model #: _____

FLOW METER

Flow Meter Manufacturer: _____ Flow Meter Model #: _____

BIOFILTER

Biofilter Manufacturer: _____ Biofilter Model: _____

Biofilter Media: _____

Name of Approved Nutrient: _____

Blower Motor Manufacturer: _____

Blower Motor Model: _____ Blower Motor SN: _____

Blower Motor Belt Size: _____ Number of Belts: _____

Blower Horsepower: _____ Blower Voltage: _____

APPENDIX B **FORMS**

Pump Station Start-Up February 11, 2011

For COUNTY Use Only

DESIGN CRITERIA

Point 1 GPM: _____ At TDH: _____

Point 2 GPM: _____ At TDH: _____

Point 3 GPM: _____ At TDH: _____

PUMPING CAPACITY AT STARTUP						
	Pump # 1	Pump # 2	Pump # 3	Pump # 4	Pump # 5	Pump # 6
GPM at Startup:						
TDH at Startup:						
PSI at Startup:						

ELECTRICAL DATA AT STARTUP						
	PHASE A:		**PHASE B:**		**PHASE C:**	
Pump # 1 Amps at Startup						
Pump # 2 Amps at Startup						
Pump # 3 Amps at Startup						
Pump # 4 Amps at Startup						
Pump # 5 Amps at Startup						
Pump # 6 Amps at Startup						
Pump Megs Phase to Ground	Pump # 1:		Pump # 2:		Pump # 3:	
	Pump # 4:		Pump # 5:		Pump # 6	
Incoming Service Voltage	A to GND:		B to GND:		C to GND:	
	A to B:		A to C:		B to C:	

CONTROL PANEL SPARE PARTS TRANSMITTAL

Project Name: _____

Project Number: _____

Quantity	Spec. Section	Manufacturer	Part Number	Part Description
1 set				Indicator pilot lamps of each type and voltage
1 ea				One-hundred percent replacement on lens caps, all colors
1 ea				Phase Monitor
1 ea				Alternator
1 ea				Time delay per starter
1 set				24-volt 8-pin relay
1 set				Fuses (as applicable)
1 set				Overload heaters per starter
1 ea				Elapsed Time Meter per pump
2 ea				Float Balls

Comments:

_____

_____

_____

Delivered by: _____ Date: _____
Contractor

Witnessed by: _____ Date: _____
Construction Observation

Received by: _____ Date: _____
Water Reclamation Division

GENERATOR SPARE PARTS TRANSMITTAL

Project Name: _____

Project Number: _____

Quantity	Spec. Section	Manufacturer	Part Number	Part Description
2 ea				Air filter elements
2 ea				Fuel filter elements
3 ea				Complete replacement sets of fuses of each different size and type
1 set				Indicator pilot lamps of each type and voltage
1 ea				Jacket Water Heater
1 ea				One spill kit containing proper quantities and sizes of spill booms, pads, pillows, etc to control spills

Comments:

_____

_____

Delivered by: _____ Date: _____
Contractor

Witnessed by: _____ Date: _____
Construction Observation

Received by: _____ Date: _____
Water Reclamation Division

PUMP SPARE PARTS TRANSMITTAL

Project Name: _____

Project Number: _____

Quantity	Spec. Section	Manufacturer	Part Number	Part Description
1 ea				Upper bearing
1 ea				Lower bearing
1 set				Upper and lower shaft seals
1 set				O-Rings or gaskets required for replacement of bearings and seals
1 set				Impeller wear ring or bottom wear plate
1 ea				Shaft sleeve (if applicable)
1 ea				Cable cap for each pump (if applicable)
1 set				Allen sockets
1 ea				Impeller pullers

Comments:

_____

_____

_____

Delivered by: _____ Date: _____
Contractor

Witnessed by: _____ Date: _____
Construction Observation

Received by: _____ Date: _____
Water Reclamation Division

BIOFILTER SPARE PARTS TRANSMITTAL

Project Name: _____

Project Number: _____

Quantity	Spec. Section	Manufacturer	Part Number	Part Description
				Belts (One set of each type)
				Pillar block bearings if applicable.
				Spare PLC as applicable with location software preinstalled.
				Fuses (Three sets of each type)
				Couplings (One set if applicable)
				Pilot Lights (One set of each type)
				Lens Caps (Complete replacement for all types)
				Spare Hydrogen Sulfide Sensing Element
				Any specialty tools for normal operation and maintenance
				Sufficient amount of required supplemental nutrients for continued operations to last through monitoring and service period.

Comments:

_____

_____

_____

Delivered by: _____ Date: _____
Contractor

Witnessed by: _____ Date: _____
Construction Observation

Received by: _____ Date: _____
Water Reclamation Division

APPENDIX B **FORMS**

Pump Station Start-Up February 11, 2011

List Deficiencies/Discrepancies: