



ADAMS COUNTY HEALTH DEPARTMENT

Your Health. Our Mission.

LIFT STATION WORKSHEET

Systems contractor: _____

Phone number: _____ Email: _____

Reason for installing lift station: _____

Dosing tank size in gallons (minimum allowable size is 300 gallons): _____

*If a treatment tank is also proposed, fill out Tank Replacement Worksheet S-487

Pump manufacturer and model: _____

Control panel manufacturer and model (must contain HOA switch and disconnect): _____

Air release valve needed? YES NO

Elevation (height) difference between bottom of dosing tank and bottom of tie-in component (existing absorption area, distribution box, or treatment tank) in feet: _____

Distance from dosing tank to tie-in component in feet: _____

Size of pump line from pump to tie-in component in inches: _____

Note: A site map of the property with proposed lift station location is to be provided with the Minor Repair Permit application and appropriate fee. It must also show where the lift station pump line will tie into the existing system. Any applicable features that require setbacks (well, property line, buildings, etc.) must be on the map. Provide any specification sheets for above products.

It shall be the responsibility of the System Contractor to ensure that all electrical components are permitted, inspected and approved by the electrical inspector from the agency having jurisdiction (AHJ). Adams County Health Department (ACHD) will inspect the depth of the electrical line from the building or residence and the control panel at the time of their final inspection. The System Contractor shall refer to section 12.8 on OWTS Regulation O-22 for requirements.