



Boost Pump System Sizing and Design Questionnaire

(Please fill out with as much detail as possible and return to Soderholm & Associates.)

Project Name: _____

Project Location: _____

Type of Building: _____

Engineer/Contractor/Wholesaler: _____

Water Source: City Well Tank

Incoming Water Pressure: _____ PSI

Suction Pressure at Pump Inlet: _____ PSI

Installation Type: (Select One)

Boost Directly from Pressurized Source – Incoming Pressure _____ PSI (minimum)

Boost From Break Tank (Atmospheric Tank)

Tank Above Booster Set _____ Feet

Tank Below Booster Set _____ Feet

Transport to Roof Tank – Net Height to Roof Tank _____ Feet

Pressurized Source _____ PSI (minimum)

System Requirements:

Peak Flow Rate _____ GPM (If peak flow rate is unknown, please list all fixtures and/or equipment to be supplied from boosted water supply.) _____

Discharge Pressure Desired

At Booster Pump Discharge _____ PSI

At Furthest Fixture _____ PSI

Distance to Furthest Fixture:

Vertical Feet _____ Horizontal Feet _____



System Configuration:

Pumps

Number of Pumps Desired _____

Percentage of Flow per Pump _____

Number of Redundant Pumps _____ (If Desired)

Bladder Tank (Select One)

Sized as Part of Selection

Manual Input _____ Gallons

Control Mode: (Select One)

(If VFD's are desired, is a VFD By-Pass required? Yes No)

Every Pump with a Variable Frequency Drive (Select One)

VFD On Pump (If Available)

VFD in Panel

Combination of Variable Frequency Drives and Direct On-Line

Emergency Power Required

Surge Protection Required

Individual Power Feeds Required

Flow Meter Required

SCCR Rating Requirement: _____

Communication Protocol: _____

Electrical Information: _____ Voltage _____ Phase

Special Requirements/Additional Information: _____

THANK YOU!!

Please fill out with as much detail as possible and return to Soderholm & Associates at company@soderholmrep.com