



Wet Well-Dry Pit Pump Station Design Criteria

This form can be downloaded and printed for future use. Please fax it to 541-496-0804 for review, or if you prefer, gather the requested information then call 541-496-9678.

CONTACT INFORMATION *(Required)*

Date: _____

Contact Name & Title: _____ Company/Agency: _____

Company/Agency Type: Engineer Developer Government Agency Other

E-mail address: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Telephone: _____ Ext: _____ Mobile/Alternate Phone: _____ Fax: _____

PROJECT INFORMATION

Project Name: _____ Project Location: _____

Who is your **CLIENT** for this project Public Agency Private Company

What is the project **TYPE**? Wastewater Stormwater Industrial Clean Water Water Re-Use Treatment

Who is or will be the **Project Engineer**? _____

Which Engineer/Agency will be reviewing/approving station design? _____

Who will be the **final project OWNER and/or OPERATOR**? _____

Who is the governing **Sewer or Water AUTHORITY**? _____

What is the expected project **BID DATE**? _____ When will **construction BEGIN**? _____



