



# Lift Station I/O Check List

Lift Station Name \_\_\_\_\_ Lift Station Address \_\_\_\_\_

Latitude \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Longitude \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Elevation \_\_\_\_\_ ft ASL

Antenna Mounting  Wood Pole  Building  Free Standing

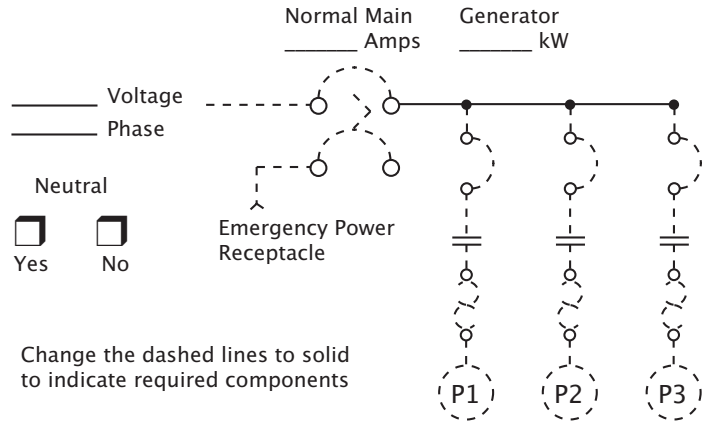
Horsepower \_\_\_\_\_ Full Load Amps \_\_\_\_\_  Simplex  Duplex  Triplex  Other \_\_\_\_\_

### Type of Station

- Submersible - Mfg \_\_\_\_\_
- Suction Lift - Mfg \_\_\_\_\_
- Flooded Suction  
Below Ground (Can) - Mfg \_\_\_\_\_
- Other \_\_\_\_\_

### Voltage

- 120 - Single Phase
- 200/208 - Single Phase
- 240 - Single Phase
- 200/208 - 3-Phase 4-Wire
- 240 - 3-Phase 3-Wire
- 240 - 3-Phase 4-Wire
- 480 - 3-Phase



If the input listed is existing, check the "Existing" column. If it is not presently available but desired, check the "New" column.

### Discrete Inputs

Existing	New	
<input type="checkbox"/>	<input type="checkbox"/>	Pump Running
<input type="checkbox"/>	<input type="checkbox"/>	Over Temperature
<input type="checkbox"/>	<input type="checkbox"/>	Seal Failure
<input type="checkbox"/>	<input type="checkbox"/>	Phase Loss - Phase Reversal - Low Voltage
<input type="checkbox"/>	<input type="checkbox"/>	High Level
<input type="checkbox"/>	<input type="checkbox"/>	Low Level
<input type="checkbox"/>	<input type="checkbox"/>	Control Power Failure
<input type="checkbox"/>	<input type="checkbox"/>	Data/Communication Failure
<input type="checkbox"/>	<input type="checkbox"/>	Station Entry
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

### Discrete Outputs

Existing	New	
<input type="checkbox"/>	<input type="checkbox"/>	Pump Called For
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

### Analog Inputs

Existing	New	
<input type="checkbox"/>	<input type="checkbox"/>	Wet Well Level
<input type="checkbox"/>	<input type="checkbox"/>	Station Current
<input type="checkbox"/>	<input type="checkbox"/>	Station Flow (from flow meter)
<input type="checkbox"/>	<input type="checkbox"/>	Station Temperature
<input type="checkbox"/>	<input type="checkbox"/>	Discharge Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Notes: