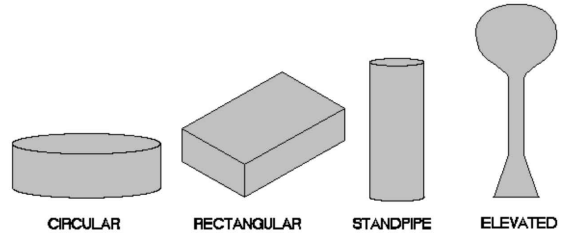


Tideflex® Mixing System

For Finished Water Storage Facilities Design Data Sheet



I. GENERAL INFORMATION

Reservoir/Tank Name:		<input type="checkbox"/> Advertises On: <input type="checkbox"/> Bids On:
Project Location:		

Water Utility/Owner Name:		
Owner Contact:		
Email:		
Address:		
City:		State:
Zip:		Country:
Phone:		Fax:

Consulting Engineering Firm:		
Engineer Contact:		
Email:		
Address:		
City:		State:
Zip:		Country:
Phone:		Fax:

II. SYSTEM INFORMATION

INSTALLATION: <input type="checkbox"/> New Tank <input type="checkbox"/> Existing Tank	SCADA: Tank on SCADA? <input type="checkbox"/> Yes <input type="checkbox"/> No	WATER SOURCE: <input type="checkbox"/> Surface Water <input type="checkbox"/> Reclaimed Water <input type="checkbox"/> Ground Water <input type="checkbox"/> _____
OPERATION: <input type="checkbox"/> Distribution System Reservoir <input type="checkbox"/> Clearwell <input type="checkbox"/> Combination	MODE: <input type="checkbox"/> Fill-then-draw <input type="checkbox"/> Simultaneous Fill and Draw	PRIMARY DISINFECTION: <input type="checkbox"/> Chlorine <input type="checkbox"/> UV <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Chloramine <input type="checkbox"/> Ozone <input type="checkbox"/> None <input type="checkbox"/> _____
HIGH WATER LEVEL SHUTOFF: <input type="checkbox"/> By Altitude Valve By <input type="checkbox"/> None, Floats on System <input type="checkbox"/> Pressure Switch <input type="checkbox"/> _____	SECONDARY DISINFECTION: <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramine <input type="checkbox"/> None <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> _____	

III. RESERVOIR / TANK DATA *(Provide tank drawings if available. See nomenclature on page 4.)*

TYPE OF RESERVOIR / TANK:	Tank Manufacturer or Basis of Design: _____	
<input type="checkbox"/> Circular Reservoir <input type="checkbox"/> Irregular Shape <input type="checkbox"/> Rectangular Reservoir	<input type="checkbox"/> At Grade <input type="checkbox"/> Semi-buried <input type="checkbox"/> Buried	
<input type="checkbox"/> Standpipe		
<input type="checkbox"/> Elevated Tank	<input type="checkbox"/> Dry Riser <input type="checkbox"/> Sphere/Spheroid <input type="checkbox"/> Composite <input type="checkbox"/> Hydropillar <input type="checkbox"/> _____ <input type="checkbox"/> Wet Riser	Wet Riser Diameter _____ <input type="checkbox"/> ft <input type="checkbox"/> in <input type="checkbox"/> m

TANK DETAILS: (Provide tank drawings if available. See nomenclature on page 4.)

VOLUME: MG Gallons m³ Megaliters

Circular Reservoir / Standpipe		Elevated Tank		Rectangular Reservoir	
	<input type="checkbox"/> ft <input type="checkbox"/> m		<input type="checkbox"/> ft <input type="checkbox"/> m		<input type="checkbox"/> ft <input type="checkbox"/> m
Tank Diameter:		Bowl Diameter:		Length x Width	x
Depth to Maximum Operating Level		Head Range:		Depth to Maximum Operating Level	
Depth to Overflow		Height from Foundation to Overflow		Depth to Overflow	
		Height from Foundation to Max. Operating Level		Number of Cells	
Bottom Elevation:		Foundation Elevation:		Bottom Elevation:	

TANK MATERIAL: (Select multiple if alternates for new tank.)

Welded Steel Bolted Steel (Conc. Floor) Bolted Steel (Steel Floor) Riveted Steel
 Prestressed Concrete Post-tensioned Concrete Cast-in-place Concrete
 Composite (Elevated) Earthen Lined _____

TYPE OF ROOF / COVER:

Fixed Roof Internal Roof Supports? Yes No Floating Cover None, Open Reservoir

IV. INLET / OUTLET PIPING (For new tanks that operate in fill-then-draw and for existing tanks that have a common inlet/outlet pipe, complete the "Inlet" pipe data. The TMS separates inlet/outlet inside the tank.)

Common Inlet/Outlet Pipe Separate Inlet and Outlet Pipes

Inlet Diameter	<input type="checkbox"/> in <input type="checkbox"/> mm	Material:	Penetration: <input type="checkbox"/> Bottom <input type="checkbox"/> Sidewall <input type="checkbox"/> Top
Outlet Diameter	<input type="checkbox"/> in <input type="checkbox"/> mm	Material:	Penetration: <input type="checkbox"/> Bottom <input type="checkbox"/> Sidewall
Outlet have Silt Stop? <input type="checkbox"/> Yes <input type="checkbox"/> No → <input type="checkbox"/> Fixed Pipe Extension <input type="checkbox"/> Removable			
Does tank have a dedicated drain pipe? <input type="checkbox"/> Yes <input type="checkbox"/> No			

V. HYDRAULIC DATA

Minimum Fill Rate:		<input type="checkbox"/> gpm <input type="checkbox"/> lps <input type="checkbox"/> _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Gravity
Maximum Fill Rate:			
Maximum Draw Rate: Peak Demand + Fire Flow (If Applicable)		<input type="checkbox"/> gpm <input type="checkbox"/> lps <input type="checkbox"/> _____	<input type="checkbox"/> Pumped <input type="checkbox"/> Gravity

VI. TANK FLUCTUATION / TURNOVER DATA (With one of the methods below, provide data on the typical, or expected, daily fluctuation of tank levels in summer and winter, if different. *See nomenclature, page 4)

	Method 1		Method 2	Method 3
	Max. Operating Level*	Min. Operating Level*	% (Percent)	Volume Exchange
Summer	<input type="checkbox"/> ft	<input type="checkbox"/> ft		<input type="checkbox"/> Gallons/Day
Winter	<input type="checkbox"/> m	<input type="checkbox"/> m		<input type="checkbox"/> Liters/Day

VII. REFROFIT INFORMATION





Year Tank Constructed:	
Date of Last Inspection:	
Date of Last Rehab/Repaint:	
Next Scheduled Rehab:	
Internal Baffles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Formation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Temperature Range	Min
<input type="checkbox"/> °F <input type="checkbox"/> °C	Max
Size of Largest Roof Hatch	<input type="checkbox"/> Dia. <input type="checkbox"/> Sq.
Size of Largest Shell Hatch	<input type="checkbox"/> Dia. <input type="checkbox"/> Sq.
Rechlorination/recirculation systems installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sampling taps installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Samples been taken at different locations/depths inside the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a tracer study, CFD, or scale model been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. WATER QUALITY ISSUES

Identify Water Quality Issues
<input type="checkbox"/> Loss of Residual
<input type="checkbox"/> DBPs > <input type="checkbox"/> TTHM <input type="checkbox"/> HAA5
<input type="checkbox"/> Coliform Bacteria
<input type="checkbox"/> Nitrification
<input type="checkbox"/> Elevated HPC
<input type="checkbox"/> Biofilms
<input type="checkbox"/> Taste and Odor
<input type="checkbox"/> Increased pH
<input type="checkbox"/> Color
<input type="checkbox"/> Turbidity
<input type="checkbox"/>
Identify Known/Suspected Causes:
<input type="checkbox"/> Poor Mixing
<input type="checkbox"/> Short-circuiting
<input type="checkbox"/> Poor Turnover / Tank Fluctuation
<input type="checkbox"/> Long Detention Time
<input type="checkbox"/> Thermal Stratification
<input type="checkbox"/> High Levels of Organics
<input type="checkbox"/>

IX. OVERFLOW PIPE PROTECTION

Check method used to prevent birds, rodents, cold drafts, etc., from entering tank through overflow pipes.

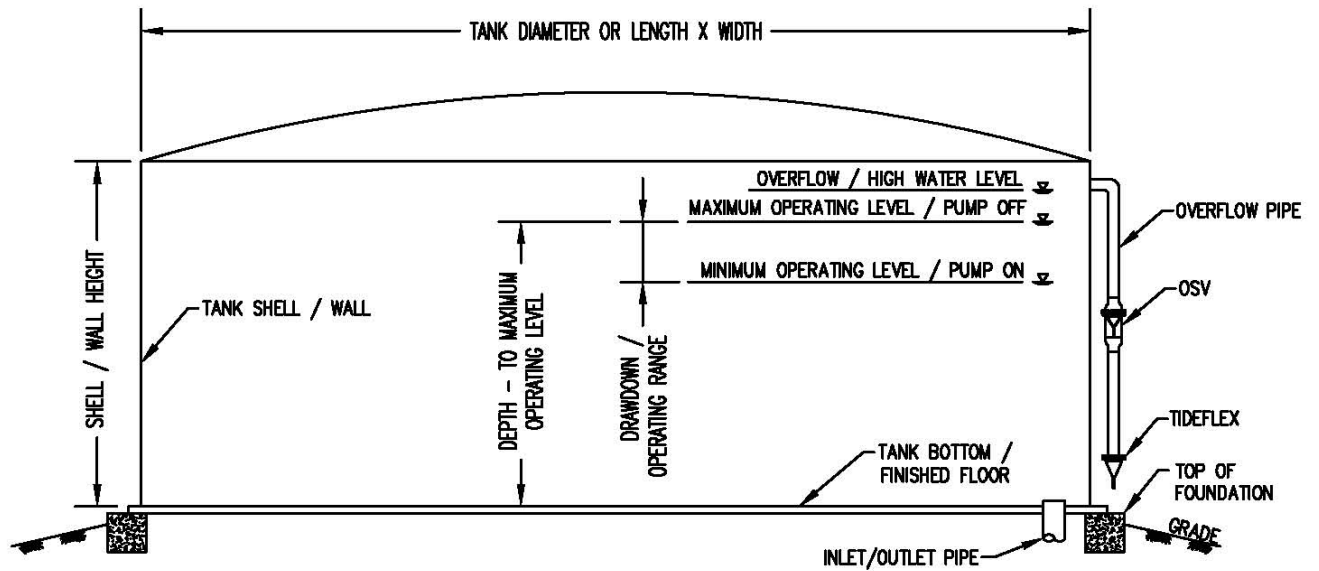
Overflow Pipe Size:	<input type="checkbox"/> in <input type="checkbox"/> mm
<input type="checkbox"/> Dechlorinating Overflow Security Assembly (DOSA) <input type="checkbox"/> Tideflex Valve <input type="checkbox"/> Overflow Security Valve (OSV) <input type="checkbox"/> Screen <input type="checkbox"/> Flap Valve	
	
	

X. COMMENT

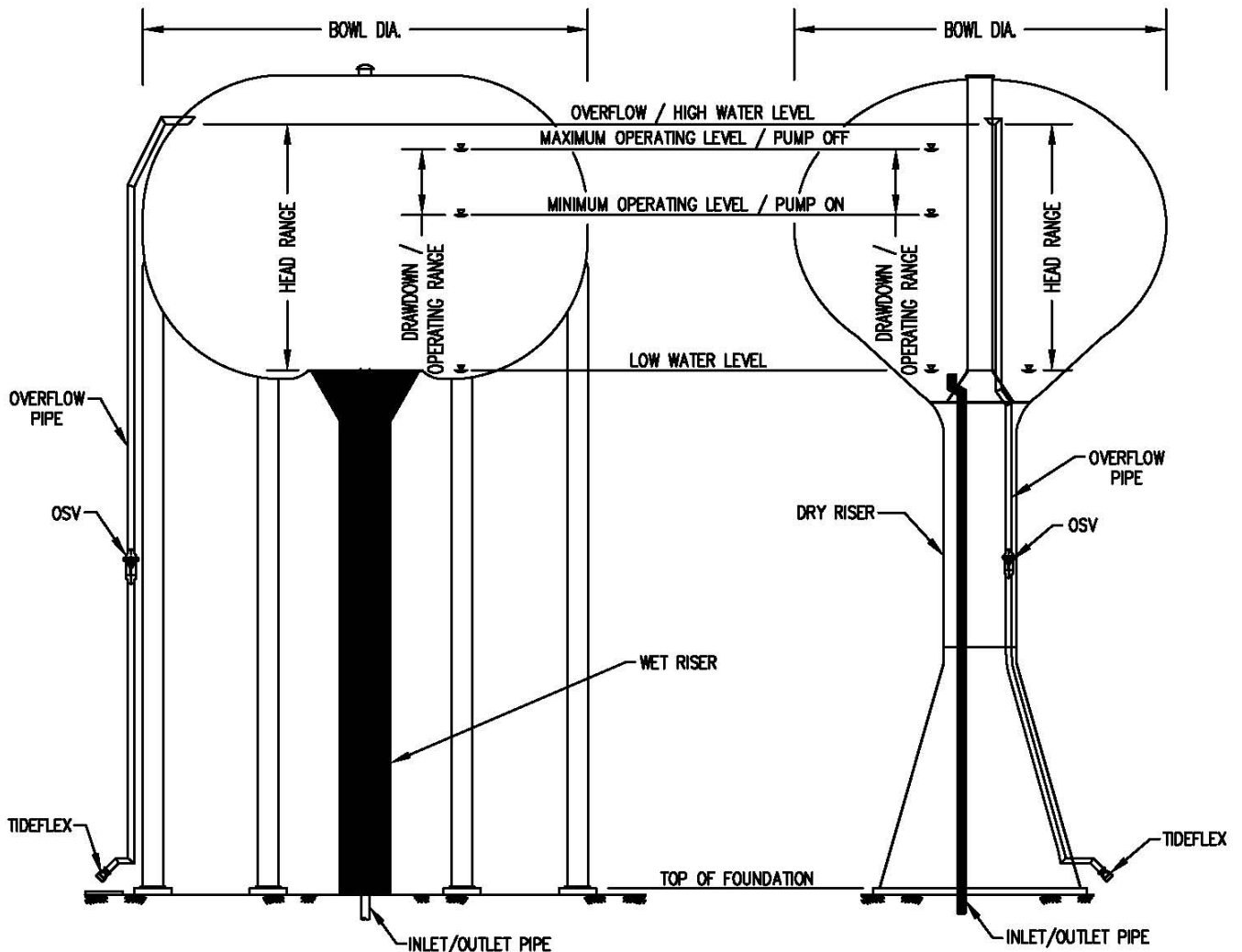
PLEASE MAIL, FAX OR E-MAIL COPIES OF TANK DRAWINGS, INSPECTION REPORTS/PHOTOS TO:

Red Valve Company / Tideflex®
 750 Holiday Drive, Suite #400, Pittsburgh, PA 15220, USA
PHONE: 412-279-0044 **FAX:** 412-279-5410
E-MAIL: support@redvalve.com

XI. TANK NOMENCLATURE



CIRCULAR AND RECTANGULAR RESERVOIRS AND STANDPIPES



WET RISER ELEVATED TANK

DRY RISER ELEVATED TANK