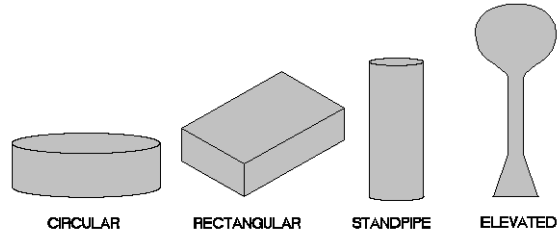


Tideflex® Mixing System

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:		(mm-dd-yyyy)

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
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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 <input type="checkbox"/> None, floats on system <input type="checkbox"/> by Pressure Switch <input type="checkbox"/> _____
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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	1
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 & 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 thru overflow pipes

Overflow Pipe Size:	<input type="checkbox"/> in <input type="checkbox"/> mm		
<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:

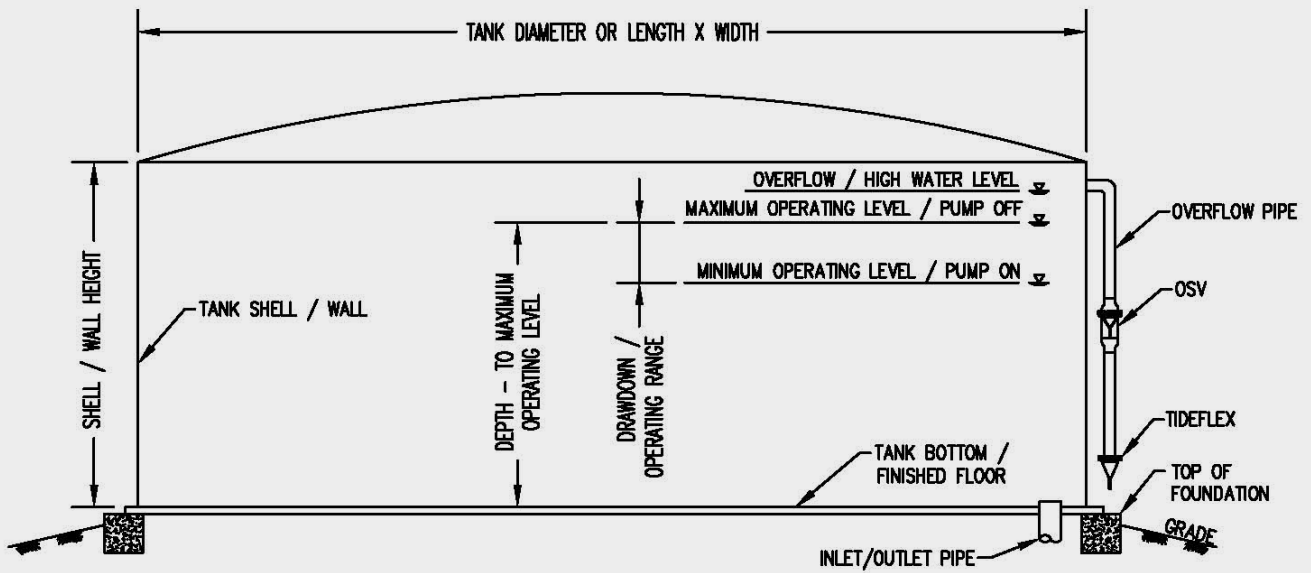
Tideflex Technologies

600 North Bell Ave. Carnegie, PA 15106 USA

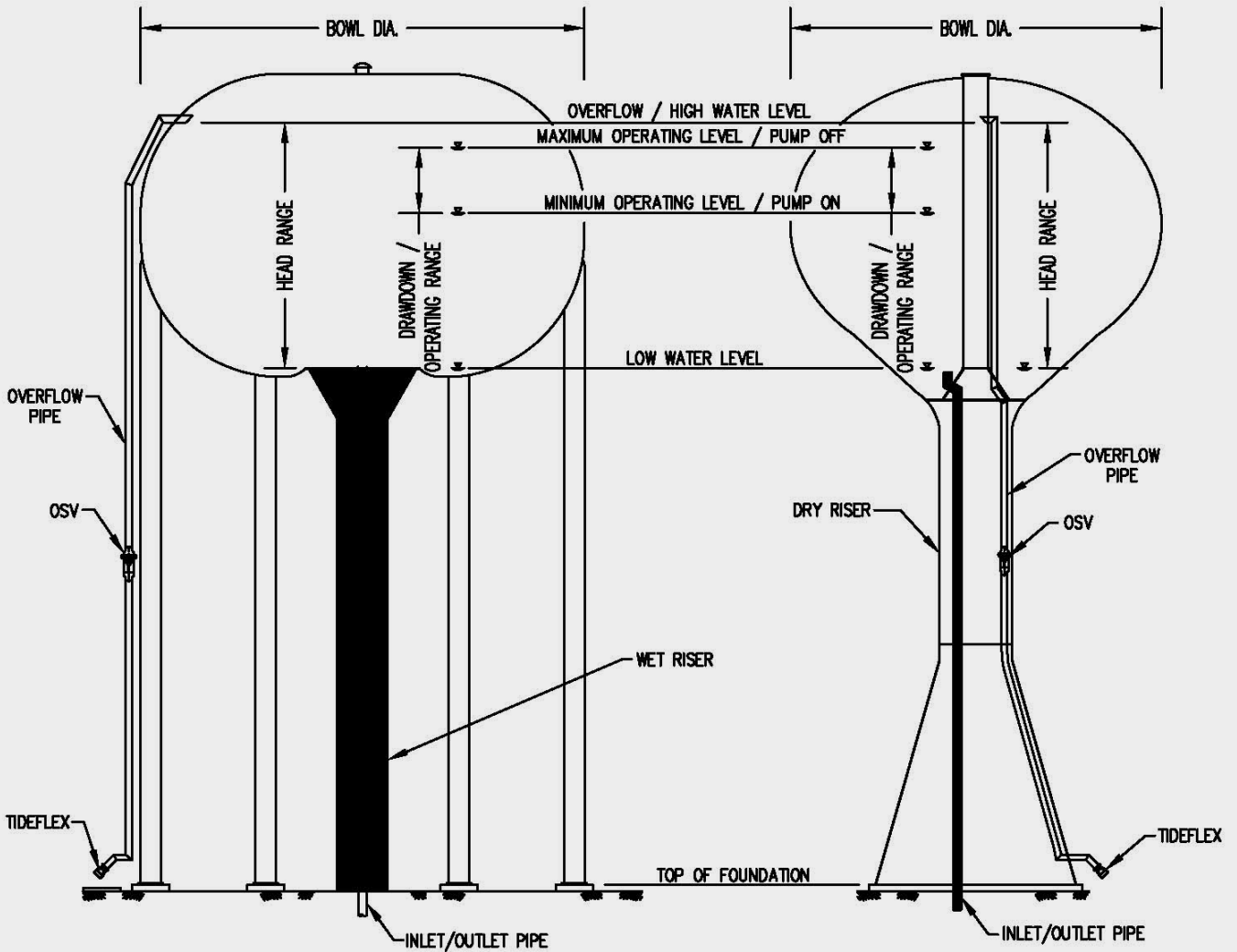
PHONE: 412-279-0044 FAX: 412-279-5410

E-MAIL: mduer@tideflex.com (Mike Duer) or info@tideflex.com

XI. TANK NOMENCLATURE



CIRCULAR AND RECTANGULAR RESERVOIRS AND STANDPIPES



WET RISER ELEVATED TANK

DRY RISER ELEVATED TANK