

WATER QUALITY AT SOURCE

_____ Very Good Water contains no abrasive particles, and/or TDS < 50 ppm
 _____ Good Water may contain small amounts of silt, and/or TDS < 100 ppm
 _____ Fair Water may contain small amounts of silt, sand, or rust, and/or TDS < 200 ppm
 _____ Poor Water may contain moderate amounts of silt, sand, or rust, and/or TDS = 200-800 ppm
 _____ Very Poor Water regularly contains silt, sand, or rust, and/or TDS > 800
 COMMENTS: _____

WATER STORAGE DATA

Volume Required = Maximum Daily Requirement _____ (gal/day) x _____ days = _____ gallons.
 Open Tank Pres. Tank In Line Other Total
 Volume Available (gallons): _____
 New or Existing: _____

WATER PUMPING DATA

Static Water Depth: _____ ft. (Distance from ground to water surface when not pumping).
 Drawdown Level: _____ ft., at _____ GPM. (Depth water drops when pumping).
 Discharge Head: _____ ft. (Dist. from ground surface to highest water surface in discharge line)
 (Use either Discharge Level or Pressure Head, but not both)
 Pressure Head: _____ ft. (Tank pressure in psi: x 2.31)
 Losses: _____ ft. (Minor and friction losses in discharge line from pump to tank)
 Total Dynamic Head: _____ ft. (Sum of values above).

WATER SOLAR POWER DATA

Solar Station

SOLAR ISOLATION VALUES

Average kWh/m ² /day or full sun hours	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	Month Hours
Latitude													

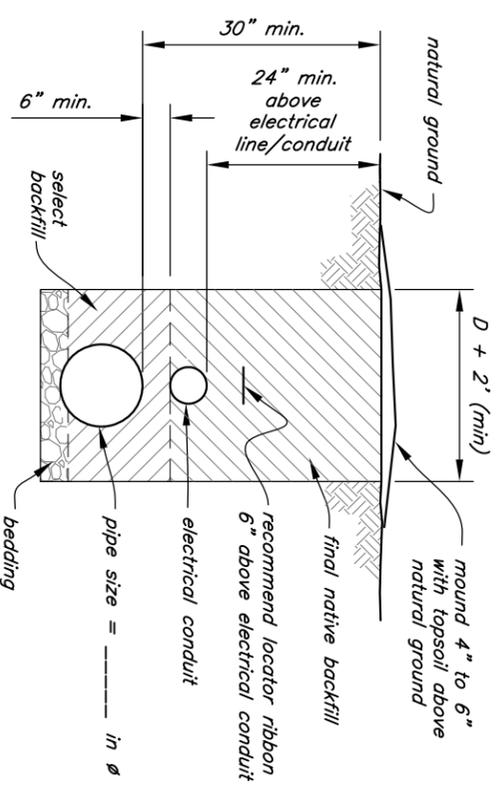
Design Solar Radiation Hours = _____ hours
 Design Flow Rate (gpm) = _____ gals (Volume Required) / _____ Solar Radiation Hours (1 hour/60 minutes)

WATER SOURCE INFORMATION

SUBSURFACE		SURFACE		
WELL	SPRING	STREAM	CANAL	POND
Depth (ft)	Yield (gpm)	Flow Rate (gpm)		
Max. Yield (gpm)	COLLECTION BOX DATA	Seasonal or Perennial		
Casing I.D. (in)	Depth (ft)	Min. Water Elev. (ft)		
Well Test (Y or N)	Volume (gal)			
Date of Test	Covered (Y or N)			

WATER USE INFORMATION

Type of Use	Seasonal Water Requirement (gal/day)				Comments (# or type of animals, type of irrigation, etc.)
	Summer	Fall	Winter	Spring	
Livestock					
Wildlife					
Irrigation					
Domestic/Potable					
Other					
Total Requirement					



TYPICAL TRENCH DETAIL

Date _____
 Designed _____
 Drawn _____
 Checked _____
 Approved _____
 Title _____

SOLAR POWERED WATERING SYSTEM GENERAL INFORMATION

