

Cooperator			Field Office:	
I.D. #			SWCD:	
CIN.			Location:	
Job Class		Field #		Pipeline #
Additional Notes:				
Engineering Approval	Signature		I have EJAA Class	Date
Design by:				
Comps Checked by:				
Design Reviewed by:				
Design Approved by:				

Pipe Material \_\_\_\_\_ Markings \_\_\_\_\_

Attached vendor's certification verifying that the material and treatment meet minimum specifications.

DATA	UNITS	Station _____		Station _____	
		To	INSTALLED	To	INSTALLED
A. Head at Source ( - ) (Pressure System)	feet				
B. Elevation Difference ( + ) ( - )	feet				
C. Minor Head Loss ( + )	feet				
D. Available Head ( A + B + C )	feet				
E. Minimum Required Q*	GPM				
F. Available Q**	GPM				
G. Pipe Length	feet				
H. Max. Allow. Friction Loss (D/G * 100) ( + )	feet/100 ft.				
I. Pipe Size (From Approved Charts EFM, Appendix A)	inches				
J. Actual Friction Loss ( Based on Pipe )	feet/100 ft.				
K. Design Check [(J*G)/100+ D] Must be ( - )	feet				

\* Minimum flow rate based on animal water requirements.

\*\* Flowrate available at source.

