PIPELINE FOR LIVESTOCK WATER DATA SHEET

SWCD:_____ FIELD OFFICE:_____ PIPELINE NO.:_____
COOPERATOR:_____ LOCATION:_____ ENG.JOB CLASS:_____
PROGRAM:_____ CONTRACT NO.:_____ CIN:_____ FIELD NO.:_____

Design by_____Date_____
Approved by_____Date_____

Computations Checked by _____Date_____
Layout by_____Date_____

Pipe Material_____Markings_____

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

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

* Minimum flow rate based on animal water requirements.
** Flowrate available at source.

Appurtenant Structures .

Station	Kind	Size			Station	Kind	Size	
		Planned	Installed				Planned	Installed

CHECK OUT

Plot profile of the pipeline showing (1) breaks in grade, (2) turns, (3) appurtenant structures, (4) pipe sizes, water storage facilities, and (6) watering facilities.

Station																				

Vicinity Map
(Show North Arrow)

Depth of Cover _____feet.

Method used to determine length_____

Remarks_____
_____
_____
_____
_____
_____

This practice meets Specifications.

Signed_____Date_____