

INFORMATION/DESIGN SHEET



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DATE: _____ APPLICATION: _____

LOCATION: _____

CUSTOMER: _____

PHONE: _____ CELL: _____ FAX: _____ EMAIL _____

LAB TEST RESULTS: pH Fe Fe Bact MN CaCo3 TDS

H2S OTHER PROBLEM: _____

GPM TO BE FILTERED: _____ SOURCE CAPACITY _____ ODOR _____

COLOR OF WATER WHEN DRAWN: _____ SOURCE PRESSURE: _____

TANK TYPE: _____ CAPACITY: _____ NUMBER OF TANKS: _____

VOLTAGE SOURCE: _____ BUILDING TYPE: _____

CEILING HEIGHT: _____ DOOR SIZE: _____ BUILDING WIDTH _____

BUILDING LENGTH: _____ FLOOR TYPE: _____

NUMBER OF HOMES: _____ TRAILERS: _____ HOTEL ROOMS: _____

APARTMENTS: _____ CABINS: _____ IRRIGATIONS ZONES: _____

LARGEST GPM ZONE OR ZONES ON AT ONE TIME: _____ POULTRY HOUSES: _____

BIRDS PER HOUSE: _____ PLUMBING PIPE SIZE: _____ TYPE: _____

DRAIN FOR BACKWASH LOCATION: _____

DRAIN SIZE: _____ DEALER: _____

SKETCH OR ADDED INFO: