The information provided on this sheet will help us in selecting a system for you. It is important you are as accurate as possible with these details and keep us informed should any change.

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Company |  |
|  |
| Address |  |
|  |
| Email |  |
|  |
| Tel |  |

|  |
| --- |
| **Environmental Conditions** |
| **No of tanks:** |  | **Tank size(s) (litres):**  |  | **Suggested flow rate (l/m):** |  |  |
| **System mounting:**  |[ ]  Outside (enclosure) | [ ]  Inside |
|  |[ ]  Above tank  | Max lift (from tank bottom) (m): |  |  |
|  |[ ]  Below tank | Max head (to highest point) (m): |  |  |
|  |[ ]  System on level with tank  |
| **Power:** |[ ]  220v 50hz 1ph AC  | [ ]  | 24v DC | [ ]  | 12v DC | [ ]  | Other: |  |  |
|  |  |  |  |  |  |  |  |  |  |

Layout/Sketch

|  |
| --- |
| **Options required** |
|[ ]  Stainless Steel Enclosure |
|[ ]  Portable |
|[ ]  Beacon / Sounders |
|[ ]  Drip tray |
|[ ]  Manual priming unit |
|[ ]  Other:  |  |
|  |  |  |

|  |
| --- |
| **Application Notes** |
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|  |