

Date:

Project Status:

Project Name:

Project Location:

Structure Designation:

End User:

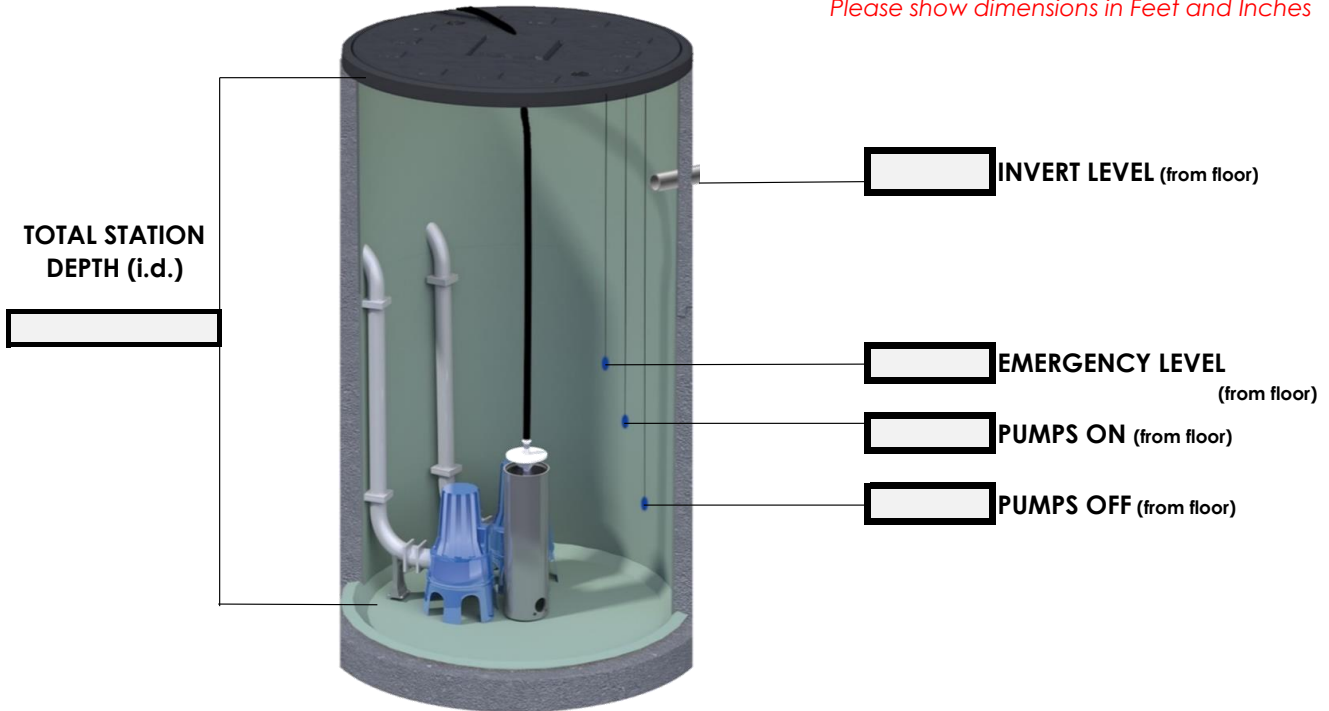
Contractor:

User/Contractor Contact Info:

Distributor:

Distributor Contact:

*Please show dimensions in Feet and Inches*



**ISSUES** (Check all that apply):

F.O.G.	<input type="checkbox"/>	Odor	<input type="checkbox"/>	Corrosion	<input type="checkbox"/>	Matting	<input type="checkbox"/>
pH Levels	<input type="checkbox"/>	Disinfection	<input type="checkbox"/>	Other	<input type="text"/>		

**H2S LEVELS** (describe or attach report):

**STRUCTURE DIMENSION** (ft/in):

Round/Diameter	<input type="text"/>	Ø
Square/Rectangular	<input type="text"/>	width <input type="text"/> length <input type="text"/>

**AVAILABLE POWER SOURCE:**

Single Phase....	Amperage <input type="text"/>	Voltage <input type="text"/>	<b>As Needed</b>
Three Phase...	Amperage <input type="text"/>	Voltage <input type="text"/>	

**DAILY FLOW RATE:** gallons

**TYPE OF STATION:** Gravity  Re-Pump

**LIQUID LEVEL CONTROL TYPE:**

**TYPE OF PUMPS IN STRUCTURE:**

**OZONE GENERATOR REQUIRED:** Yes  No

**ENCLOSURE TYPE REQUIRED:** Aluminum (Open)  Stainless Steel (Lockable)

**HOSE LENGTH REQUIRED:**  Feet

**ADDITIONAL PROJECT NOTES:**