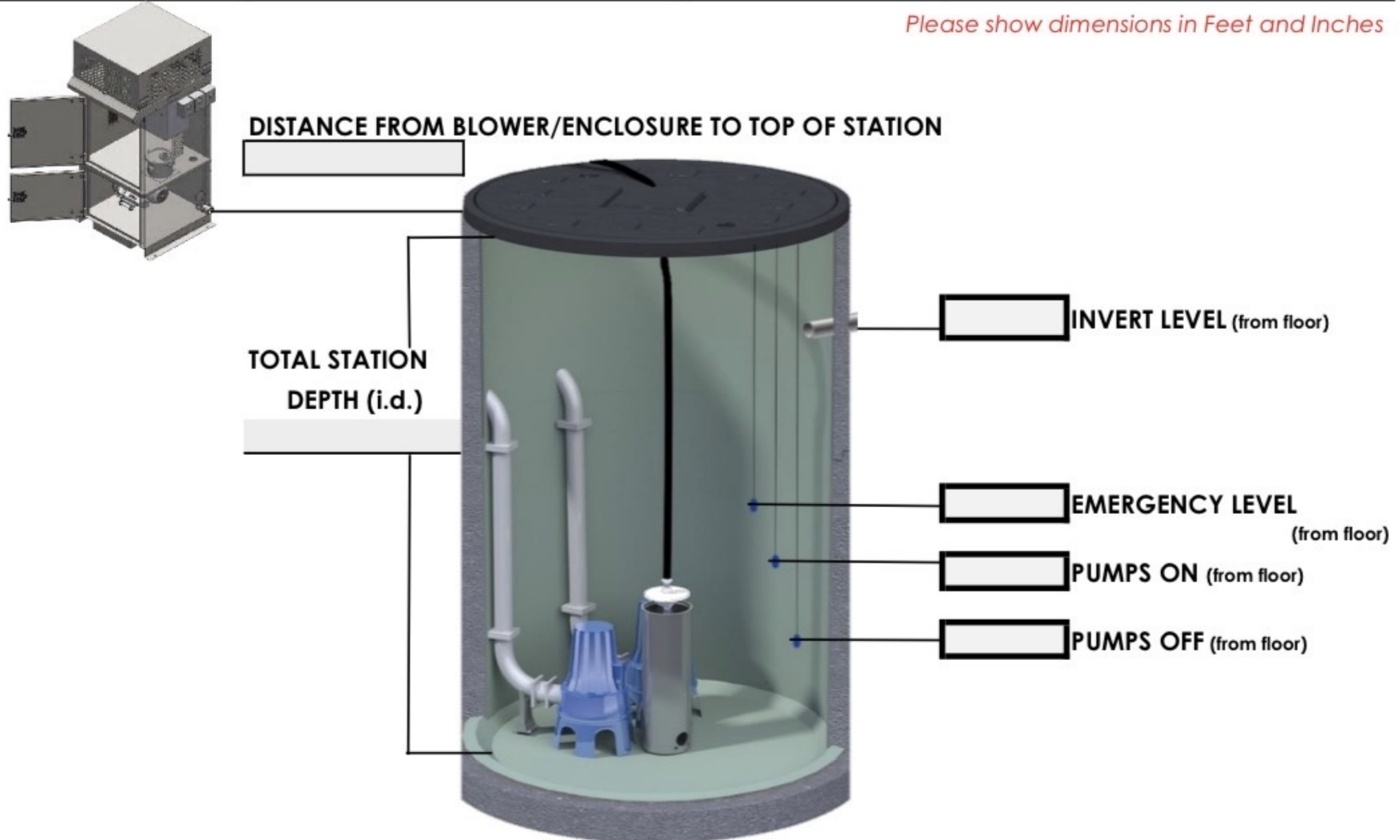


Date:		End User:	
Project Status: (planning, bidding or direct buy)		Contractor:	
Project Name:		Engineer:	
Project Location:		Distributor:	
Structure Designation:		Distributor Contact :	

Please show dimensions in Feet and Inches



ISSUES (Check all that apply):	F.O.G.		Odor		Corrosion		Matting	
	pH Levels		Disinfection		Other			
CURRENT PRACTICES:	Vac Truck		How often is this required?		Cost?			
	Chemicals		Type:		Cost?			
	Carbon Filters		Other		Cost?			
H2S LEVELS (describe or attach report):								
STRUCTURE DIMENSION (ft/in):	Round/Diameter		Ø					
	Square/Rectangular		width x		length			
AVAILABLE POWER SOURCE:	Single Phase....	Amperage		Voltage				
	Three Phase...	Amperage		Voltage				
DAILY FLOW RATE:	gallons							
TYPE OF STATION:	Gravity		Re-Pump					
LIQUID LEVEL CONTOL TYPE:								
TYPE OF PUMPS IN STRUCTURE:								
OZONE GENERATOR REQUIRED:	Yes		No					
IF DIFFUSED AIR ONLY, IS HOSE REQ'D:	Yes		No		If so, length:			
ADDITIONAL PROJECT NOTES:								

Completed Form Submission

Please email the completed form to: sales@municipalodorcontrol.com

Questions? Call (407) 547-9949