

Date:

End User:

End User Phone:

Project Location:

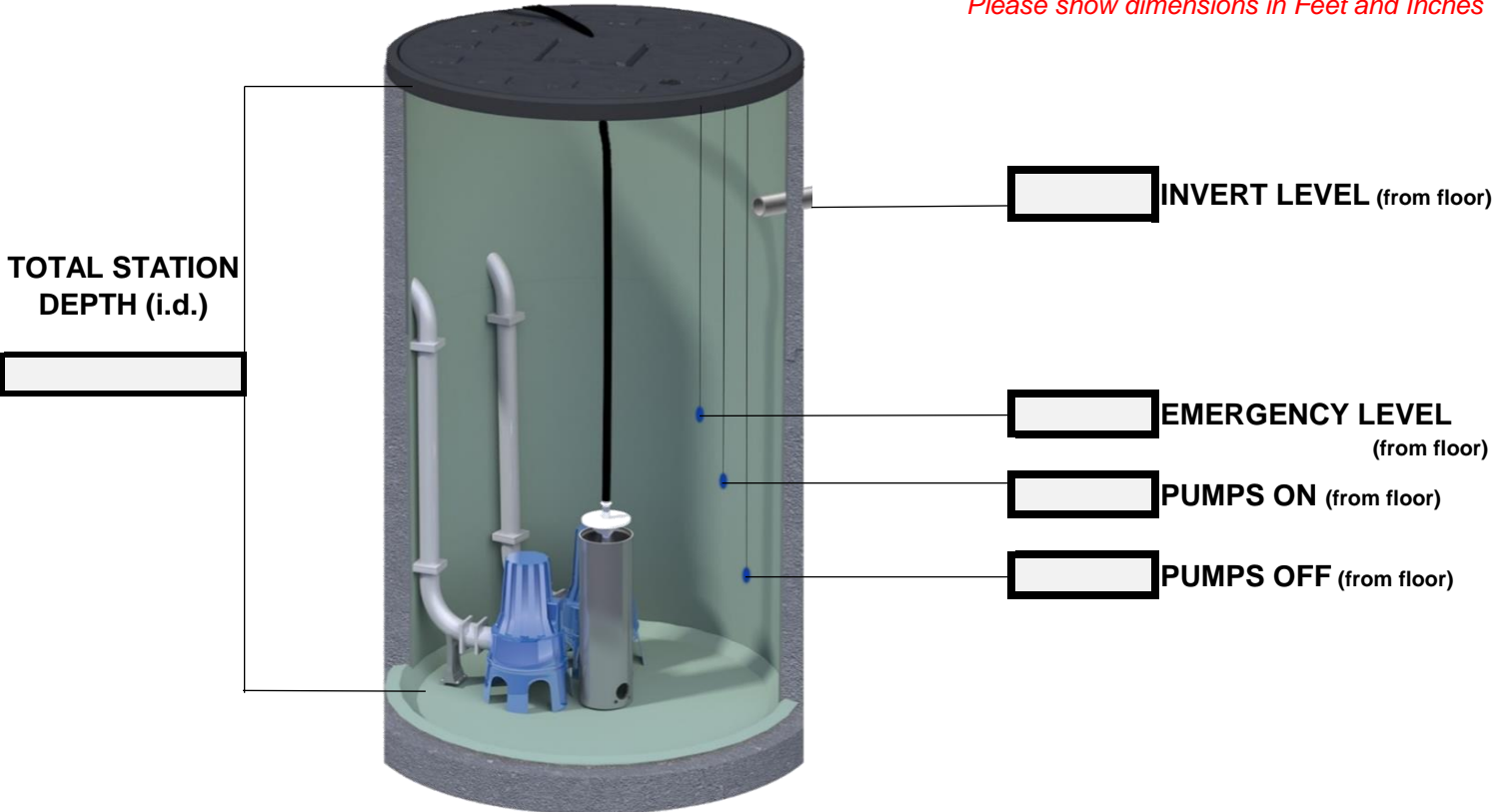
Sales Contact:

End User Contact:

End User Email:

Station Id:

*Please show dimensions in Feet and Inches*



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

F.O.G.  Odor  Corrosion  Matting

pH Levels  Disinfection  Other

**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

**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:**