TWISTER® SIZING & QUOTE REQUEST

Date: ___________________________  Sales Contact: ___________________________
End User: ________________________  End User Contact: _______________________
End User Phone: ___________________  End User Email: _________________________
Project Location: ___________________  Station Id: ____________________________

Please show dimensions in Feet and Inches

INVERT LEVEL (from floor)

EMERGENCY LEVEL (from floor)
PUMPS ON (from floor)
PUMPS OFF (from floor)

TOTAL STATION DEPTH (i.d.)

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:

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