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** | | |
|  | 2 / 3 / 4 /5 tank changeover | |
|  | Auto Drain of water | |
|  | Stainless steel drip tray | |
|  | Modbus BMS | |
|  | Other BMS | |
|  | Chemical dosing | |
|  | Manual self-priming pump | |
|  | Automatic self-priming pump | |
|  | Stainless Steel Enclosure | |
|  | Visual flow indicator | |
|  | Other: |  |
|  |  |  |

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| **Application Notes** |
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