Please fill the questionnaire and fax it to (416) 490-0974 or call us at (416) 490-7848

Customer Name: _____
Company Name: _____
Address: _____
Email Address:_____
Tel Number: _____
Fax Number: _____

BACK FLUSHING FILTERS

QUESTIONNAIRE

GENERAL INFORMATION

Job Name/Location: _____

Address: _____

Contact Name: _____ **Phone:** _____**Fax:** _____

_____

Max. Flow: _____**Min. Flow:**_____ **Flow: Continuous or Intermittent**

Line Size: _____**Max. Pressure:** _____**Min Pressure:** _____

Water Source: Well River Reservoir Lake Sea Ditch Recycle Pond Other (Specify)

Max. Temperature: _____ **Min. Temperature:** _____

APPLICATION INFORMATION

Application: Cooling Tower Process Water Feed Water River Water Waste Water Other

If Application is for cooling tower:

Sidestream Flow Rate: _____**gpm**
Full System Flow Rate: _____**gpm**
System Makeup Flow Rate: _____**gpm**
Total System Volume: _____**gpm**

Concerning Suspended Solids

Feedwater to filter: _____**ppm**

Filter Effluent quality Required: _____ppm
Particle Size Distribution in Feedwater: _____micron
Filter Effluent Particle Size Required: _____micron
Type of Suspended Material: Particulate Colloidal Gelatinous Fibrous Algae

Bacterial Oily Greasy Other (Specify)

Min. pH: _____Max. pH: _____

Other Application Information: _____

_____

_____