HAMMONDS WATER TREATMENT SYSTEMS, INC.

APPLICATION WORKSHEET

FAX the completed form below to (800) 582-4224 for a quotation from a Water Treatment Specialist at HAMMONDS

Customer _____

Address _____

_____

Contact _____

Phone_____ **Fax** _____

1. Describe the application:_____

   _____

2. Desired chemical feed rate: _____ PPM (mg/L)
3. Chemical Usage: _____ Lbs/Hr.
4. Process flow rate in GPM:

   Min _____

   Max _____
5. Does the flow fluctuate? _____

   A. What causes the change in flow? _____
6. Pressure of fresh water supply to the chlorinator system:

   Note: The water supply must be clean and free of particulates.

   Min _____ PSI

   Max _____ PSI
7. Pressure at the point of chlorine injection:

   Min _____ PSI

   Max _____ PSI

   Is this a ❑ storage tank ❑ pipeline ❑ clear well?
8. Will the fresh water supply line be filled and pressurized when system is running? ❑ Yes ❑ No
9. The process flow will be running:

   ❑ continuously ❑ cycle on and off
10. If the process flow cycles on and off, how many hours per day does it run? _____
11. Does the process flow cycle on to maintain line pressure?

    ❑ Yes ❑ No
12. Electrical voltages available at the site

    ❑ 115VAC ❑ 220VAC,1 Ph ❑ 230VAC, 3 Ph ❑ 460VAC, 3Ph

    ❑ 50Hz or ❑ 60Hz
13. The system will be operated:

    ❑ at static feed rate ❑ at variable feed rate via 4-20mA signal

    Explain _____

    _____

    _____

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TOLL FREE: (800) 582-4224 • FAX: (281) 847-1857

14. Source water characteristics:

    pH: _____

    Total alkalinity: _____

    Calcium hardness:_____

    Temperature: _____

15. Floor space available for the system:

    Length: _____ ft X Width: _____ X Height _____ ft

16. Is there anything else we need to know?

    _____

    _____

    Person certifying data: _____

Please include a dimensional sketch of the room the system is to be installed in, showing door location, water supply and chlorine injection location.

NOTE: If information is not accurate, the system will not produce the desired results.