



Wet Well & Valve Vault Questionnaire Sheet

278 Nomore Lane • Montreal MO 65591 • Phone: (573) 317-9620 • Fax: (573) 317-9397

Customer Contact Information

Customer _____ Contact _____
 Street Address _____ Phone: _____
 City/State/Zip _____ Fax: _____

Fiberglass Tank Information

Diameter (in): _____ Depth (in): _____ Volume (gal): _____ gallons
 Num. of Inlets: _____ Bottom Design: _____
 List Inlet(s) Size (in): _____ Top Design: _____

Access Cover Information

Inside Clear Opening (inches): _____ x _____ Number of Doors: _____

Choose the following features for the access cover;

- | | | | | | |
|-------------------------|--------------------------|---------------------------|--------------------------|----------------------|--------------------------|
| Gas Shock Assist | <input type="checkbox"/> | Spring Assist | <input type="checkbox"/> | Recessed Staple Lock | <input type="checkbox"/> |
| Frame Skirt | <input type="checkbox"/> | Bituminous Coating | <input type="checkbox"/> | Anodized Finish | <input type="checkbox"/> |
| Fall Through Protection | <input type="checkbox"/> | 300lbs Pedestrian Loading | <input type="checkbox"/> | H-20 Traffic Loading | <input type="checkbox"/> |

**If your Wet Well/Lift Station requires more than one access cover please consult an FTS representative.

Discharge Pipes

Discharge Size (in): _____ Discharge Pipe Material: _____
 Number of discharges: _____

Valve Vault Information

Diameter (in): _____ Depth (in): _____
 Num. of Inlets: _____
 Num. of Outlets: _____
 Valve Style: _____ Valve Material: _____
 Check Valve: _____ Check Valve Material: _____
 Emergency Pump Out Size (in): _____