

Questionnaire for Filtration Application

Date:

Contact Name:

Company Name:

Address:

City:

State:

Zip:

Tel:

Fax:

Email:

Application Information:

Application Description (what are we protecting):

Water Source/Supply (i.e., lake, river, municipal):

Min. Water Temperature:

Max. Water Temperature:

Min. Flow Rate:

Max. Flow Rate:

Min. Pressure:

Max. Pressure:

Filtration Degree Required:

Line Size:

Job Name/Reference:

Application Location (City, State):

Expected Installation Date:

Raw Water Quality:

General Description: BAD ☐ MEDIUM ☐ GOOD ☐

Total Suspended Solids:

*A water analysis is required for final recommendation in applications with 50 micron and finer.

*Please send questionnaire with any analysis available.

Contaminants/Debris in water:



AMIAD FILTRATION SYSTEMS

amiad®

Utilities:

Electric Power Available:

☐ Three Phase AC Volts Hz
☐ Single Phase AC Volts Hz
☐ 12 VDC ☐ 24 VDC Amperage:

Compressed Air: Yes ☐ No ☐

PSI Available:

IS A UL PANEL REQUIRED? Yes ☐ No ☐

(Check local requirements)

Special Requirements (space limits, specific standards, etc...):

Schematic drawing: (attach if possible)

Pump curve: (attach if possible)

Notes/Comments: