

AERATION RESIDENTIAL / COMMERCIAL QUESTIONNAIRE

Every basin, pond or lagoon requiring treatment is unique. In order to offer you the best solutions, we ask you to fill out this questionnaire as accurately and thoroughly as possible. Please contact us if you have any questions.

DATE:	
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Please complete, save and return to us. *Thank-you.*

GENERAL INFORMATION:			
Name:		Phone #:	
Address:			
E-mail Address:			

IF FOR COMMERCIAL USE:			
Company Name:			
Contact Name:		Phone #:	
Company Address:		Site Address:	
E-mail Address:		Accounting Email Address:	

PROJECT INFORMATION:	
Project Name :	
Location Google Earth Link (GPS Point) :	
Objective / Problem to Solve:	

INFORMATION ON THE SITE:			
Type of Body of Water :	<input type="checkbox"/> Lake	<input type="checkbox"/> River	<input type="checkbox"/> Pond <input type="checkbox"/> Other
Type of Water :	<input type="checkbox"/> Fresh	<input type="checkbox"/> Brackish	<input type="checkbox"/> Salt
Direction of Prominent Winds :			
Depth or Depth Gradient :	Maximal Depth:		Minimal Depth: <input type="text"/>
Water Flow, or Speed of Water :			
Electric Power Available on Site / Distance to Water :	Voltage: <input type="checkbox"/> 110V <input type="checkbox"/> 220V	Amps: <input type="text"/>	Distance to Water : <input type="text"/>
Electric Power Location: (Compressor must be protected from elements)	<input type="checkbox"/> Shed	<input type="checkbox"/> Boathouse	<input type="checkbox"/> Garage <input type="checkbox"/> Need a cabinet <input type="checkbox"/> Other: <input type="text"/>
Is the slope down or up from the electricity to the pond?			
Are there any fish? If so, what species?	<input type="checkbox"/> NO <input type="checkbox"/> YES	SPECIES: <input type="text"/>	
Is there already aeration present in the pond or any bacteria treatments? If so, what types of aeration?			

What products are you currently using for Water Treatment?

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Other comments or information we should know in order to serve you best?

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Is there or will there be a Call for Tender associated to this project?

YES

NO

If yes, what is the name or reference number of the Call for Tender?

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INSTALLATION SKETCH

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Thank you for completing this form. This document will be used for evaluation and estimation purposes only. The information provided in this form will allow us to develop a solution that will fulfill your needs as accurately as possible. This solution may be subject to change if the information in this document is not accurate enough or is missing. In some cases, additional tests or an on-site visit may be necessary.