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## SITE SPECIFIC APPLICATION DATA SHEET

### CONTACT & SITE INFORMATION

Contact Name, Tele #, Email

Company Name, Address

Project Name, Address


*Please provide a range, i.e., min, normal, and max, for each parameter listed below*

**PARAMETER**

**VALUE**

**UNIT**

**REMARK**

Water/System to be Treated **Process**  
*(Potable, Process, Waste, Cooling, etc.)*

PARAMETER	VALUE	UNIT	REMARK
Water/System to be Treated <b>Process</b> <i>(Potable, Process, Waste, Cooling, etc.)</i>		----	
Water Temp. Range		<input type="checkbox"/> °C <input type="checkbox"/> °F	
Normal Flow Rate		Lpm / gpm	
Peak Flow Rate		Lpm / gpm	
Peak Flow Duration		Minutes	
Total Water Treated Per Day		<input type="checkbox"/> Gal <input type="checkbox"/> L	
Pipe/Line Size To Be Treated		<input type="checkbox"/> in. <input type="checkbox"/> mm	
Injection Pressure		<input type="checkbox"/> bar <input type="checkbox"/> psi	
Desired Residual		Ppm	
Expected ClO <sub>2</sub> Demand		Ppm	

Describe the Application/Process to be Treated:

Provide Application Flow Diagrams (P&ID) or Sketch of Flow Process:

Yes  No

What is the current method of treatment?

What is the current concentration of treatment?

Ppm

Any special site or application/treatment requirements?  
*(Use reverse side of form if necessary)*

Name

Date

Fax to:

**+1-866-448-0829**

Or email to:

**kblevins@go2intl.com**

