

WATER PUMPING QUESTIONNAIRE

Thankyou for your inquiry regarding our water pumping equipment. To assist you in selecting a solar water pumping system for your needs, please complete the following questionnaire form. This information is to be as accurate as possible as it directly effects the size and cost of the system. If in doubt, contact our office.

Contact Person _____
 Trading/Company Name _____
 Postal Address _____
 Phone _____ Fax _____
 Email _____

Location of pump (nearest town)? _____
 Volume of water required per day? _____ Gallons/Litres (circle one)
 When is supply most critical? Summer Winter All year Other _____
 Type of pipe? Poly PVC Galvanised Steel None - please recommend
 Inside diameter of pipe? 1" (25mm) 1 1/4" (32mm) 1 1/2" (40mm) 2" 50mm
 Other _____ None - please recommend
 Condition of water? Clean Silty Saline _____ ppm Other _____
 Temperature of water? _____ °C/°F (circle one)
 Options Automatic cut out when tank is full Automatic cut out if water supply low (bore only)
 Floating foot valve (dam only) AC (generator) backup (only available some models)
 Other _____

