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SYSTEM DESIGN CRITERIA

Please fill out one sheet for each body of water.

Contact name/Position: _____ Company/Facility: _____

Address: _____ City, State, Zip: _____ Date _____

Phone Number: _____ Fax # : _____ Mobile Phone # : _____

E-Mail _____ (Please Print) Provide your email address, and receive our bi-annual Salt Speak newsletter. you can remove your name from the list at any time by emailing chele@tmisaltpure.com

| | |
|------------------------------------------------|-------------------------------------------------------------------|
| Type of Body | Temperature |
| Water Surface Area (Sq. Ft.) | Is this a newly plastered pool? |
| Pool Volume - Gallons | If Yes, Estimated date (to be) Plastered? |
| Bather Load: MAXIMUM for 24 hour period | Does Pool Have Gutters? |
| Facility Open: # Hours Per Day | Flow Rate - GPM & Return Pipe Size (Diameter in Inches) |
| Facility Open: # Days Per Week | Existing Automation / Controller? if so: make model, install date |
| Indoor / Outdoor | Have Installation Capability? |
| Pump Room Voltage | Cost of Monthly Membership |
| Water Feature Description | Family: _____ Single: _____ |
| Combined Chlorine Level (ppm) | ROI - Annual Chlorine Costs (Previous 12 months) |
| | Combined Chlorine In Fill Water (ppm) |

Give us a brief description of what you are looking for.