



Please fill out one for each body of water.

www.tmiaquatics.com
 TMI Salt Pure Corp.
 PO Box 433
 Manchester, WA 98353
 1-800-818-8266

Company Name/Facility: _____
 Contact: _____ Title/Position: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____ Fax Number: _____
 E-Mail: _____ Date _____

SYSTEM DESIGN CRITERIA

Type of Body		
Pool Volume (Gallons)		
Water Surface Area (ft ²)		
Temperature		
Indoor or Outdoor		
Facility Hours Open Hours/Day	Hours:	Days:
Do you have Installation Capabilities?		
Shell Type		
Finish/Surface Type		
Is this a newly plastered pool? If not, estimate plaster date.		Plaster Date:
Bather Load: MAXIMUM for 24 hr. period		
Flow Rate - GPM & Return Pipe Size (Diameter in inches)	Flow Rate:	Pipe Size:
Schedule 40 or Schedule 80		
Pump Room Voltage		
Does the pool have gutters?		
Water Feature Description		
Combined Chlorine Level (ppm)		
Combined Chlorine in Fill Water (ppm)		
Existing Type of Controller/System - Install Date		
Would you like a ROI for Annual Chlorine Cost?		If yes, current chlorine cost \$

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