



HYDRO- SPARGER™ DAF Questionnaire

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The data you supply on this questionnaire will be used to retrofit your DAF system.
Please contact us if you have any questions or need assistance.

Company: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Sales Office: _____ Sales Rep: _____

DAF Make: _____ DAF Model Number: _____

Required Air (SCFM): _____ Recycle Flow rate (GPM): _____

Recirculation Pump HP: _____ Voltage: _____ Phase: _____ Amps: _____

Recirculation Pump GPM: _____ Recirculation Piping Size: _____

Air Compressor Horse Power: _____ Voltage: _____ Phase: _____ Amps: _____

SCFM of Air: _____ Current Electrical Rate (Price per KWH) _____

Polymer Information (list types, amounts used and cost): _____