

DISCHARGE DROP PIPE INFORMATION

THIS INFORMATION IS VITAL TO THE COMPLETION OF THE PUMP STATION. YOUR COOPERATION IS GREATLY APPRECIATED

TO: _____

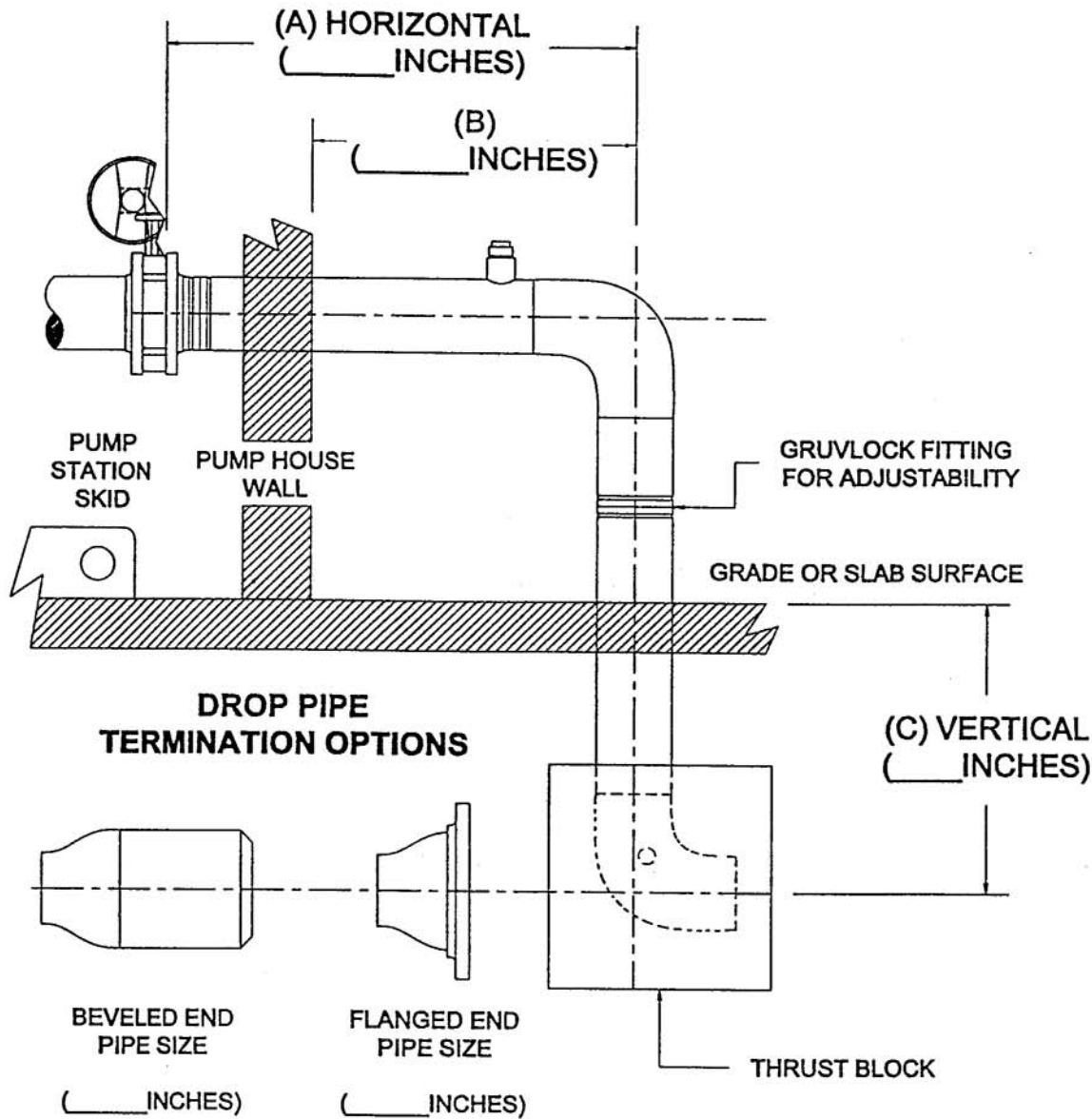
FAX#: _____ DATE: _____

JOB NAME: _____

JOB NUMBER: _____

ESTIMATED JOB SHIP DATE: _____

DATE REQUESTED: _____



PLEASE PROVIDE THE FOLLOWING:

- * DIMENSION (A) _____ AND (C) _____
- OR**
- * DIMENSION (B) _____ AND (C) _____
- * TERMINATION SIZE & TYPE _____

DIMENSIONS PROVIDED BY:

NAME: _____

COMPANY: _____

PHONE#: _____

FAX#: _____

PLEASE COMPLETE AND FAX TO:

WATERTRONICS, INC.

FAX # 262-367-5551

PHONE # 1-800-356-6686

ATTENTION _____