

AUTOMATIC FILTERS, INC.
TEKLEEN

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Industrial Application Data Sheet

A. Customer

Name: _____ Title: _____ Date: _____

Company: _____ Phone: () _____ Fax: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____

B. Technical Data

Application: _____ Pressure (psi): _____

Line Size (inch): _____ Water Temp. (°F): _____

Flow (GPM): _____ Water Source: _____

Pump Data (h/p, rpm): _____ Water Sample Sent / Date: _____

C. Comments/Problem Caused/Why Filtration? _____

D. Flow Diagram