

AUTOMATIC FILTERS, INC.

TEKLEEN

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Irrigation Application Data Sheet

A. Customer

Name: _____ Title: _____ Date: _____

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

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

E-mail: _____

B. Irrigation System

1. Drip Mini Jets Sprinklers

2. Line Size (inch): _____

3. Flow (gpm): _____

4. Pressure: _____

C. Water Source

Well Lake Canal Reclaimed

D. Irrigating

Golf Turf Row Crop Orchard

Greenhouse Vineyard Nursery

E. Comments/Problem Caused/Why Filtration? _____

F. Flow Diagram