



CDS Filternator[®] SIZING REQUEST FORM

CUSTOMER DETAILS

Name: _____

Email: _____

Consultancy: _____

Project Name: _____

Phone: _____

Date: _____

Fax: _____

SITE INFORMATION

(* Critical Information required for sizing CDS units)

Type of development: _____

* Catchment Area (ha): _____

Is OSD required on this project: _____

Target Pollutant(s): _____

Performance or pollutant removal targets: _____

Pipe flow into Filternator[™] or treatment flow: _____

* Inlet Pipe Diameter/Outlet: _____

* Pipe Grade (%): _____

* Invert Level - RL (m): _____

* Finished Surface Level (m): _____

Structure Location (carpark, road, park, etc.): _____

Local Authority (Council, etc.): _____

COMMENTS

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