

EnviroCleanse Cooling Tower Treatment Systems

Data Input Form

Company: _____

Date: _____

Contact: _____

Phone: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Tower Capacity (tons)

Circulating Water (gpm)

Total System Water Volume (gal.)

Operating ΔT ($^{\circ}F$)

Sump Location: Inside / Outside

Tower Location: Roof / Ground

Chiller HP

Compressed Air Available (psi)

Tower Operation: Hours per Day

Days per Year

Chemical Cost/Yr (\$)

Electricity Cost (\$/kwh)

Water Cost (\$/1000 gal.)

Sewer Cost (\$/1000 gal.)

Maintenance, Cleanout, Service Cost/Yr.

Bleed Water: Storm Drain / Sewer / Other

Available Electricity: 3 Phase / Single Phase

Volts

Tower Age

Years Last Refurbished Date

Additional Comments:

Please fax completed forms to 410.482.4238.

