



Please complete the following questions as an aide in our evaluation of your requirements. *Thank you!*

NAME: _____	
COMPANY: _____	
ADDRESS: _____	DATE: _____
ADDRESS: _____	TEL: _____
CITY: _____ ST: _____ ZIP: _____	FAX: _____

1. Location of pond or lake to be treated:

\_\_\_\_\_

2. Is the water: *Fresh* \_\_\_\_\_ *Salty* \_\_\_\_\_ *Brackish* \_\_\_\_\_ *pH Level (If known)* \_\_\_\_\_

3. What is the source of the water? *Stream/River* \_\_\_\_\_ *Well* \_\_\_\_\_ *Effluent* \_\_\_\_\_ *Other (explain)* \_\_\_\_\_

4. Is there a stream flowing out of the basin?  Yes  No *If Yes, where does it flow to?* \_\_\_\_\_

5. Does the lake or pond have a history of: *Algae Blooms* \_\_\_\_\_ *Clarity Problems* \_\_\_\_\_ *Fish Kills* \_\_\_\_\_ *Aquatic Odors* \_\_\_\_\_  
*Bottom Rooted Vegetation* \_\_\_\_\_ *Other (explain)* \_\_\_\_\_

6. What is the current clarity depth in inches or feet? \_\_\_\_\_ What clarity depth is desired? \_\_\_\_\_

7. Do livestock or large populations of migratory birds use the pond or feeder streams?  Yes  No  
If Yes, please specify type and approximate population size: \_\_\_\_\_

8. What is the approximate size of the pond/lake (length x width x depth): \_\_\_\_\_

9. If the pond or lake is being circulated, specify the flow rate of the pump in gallons per minute: \_\_\_\_\_  
and the length of time the pump runs each day: \_\_\_\_\_

10. Are any filters in use?  Yes  No If Yes, please describe (specify filter size, micron rating or square area of filters, if known): \_\_\_\_\_

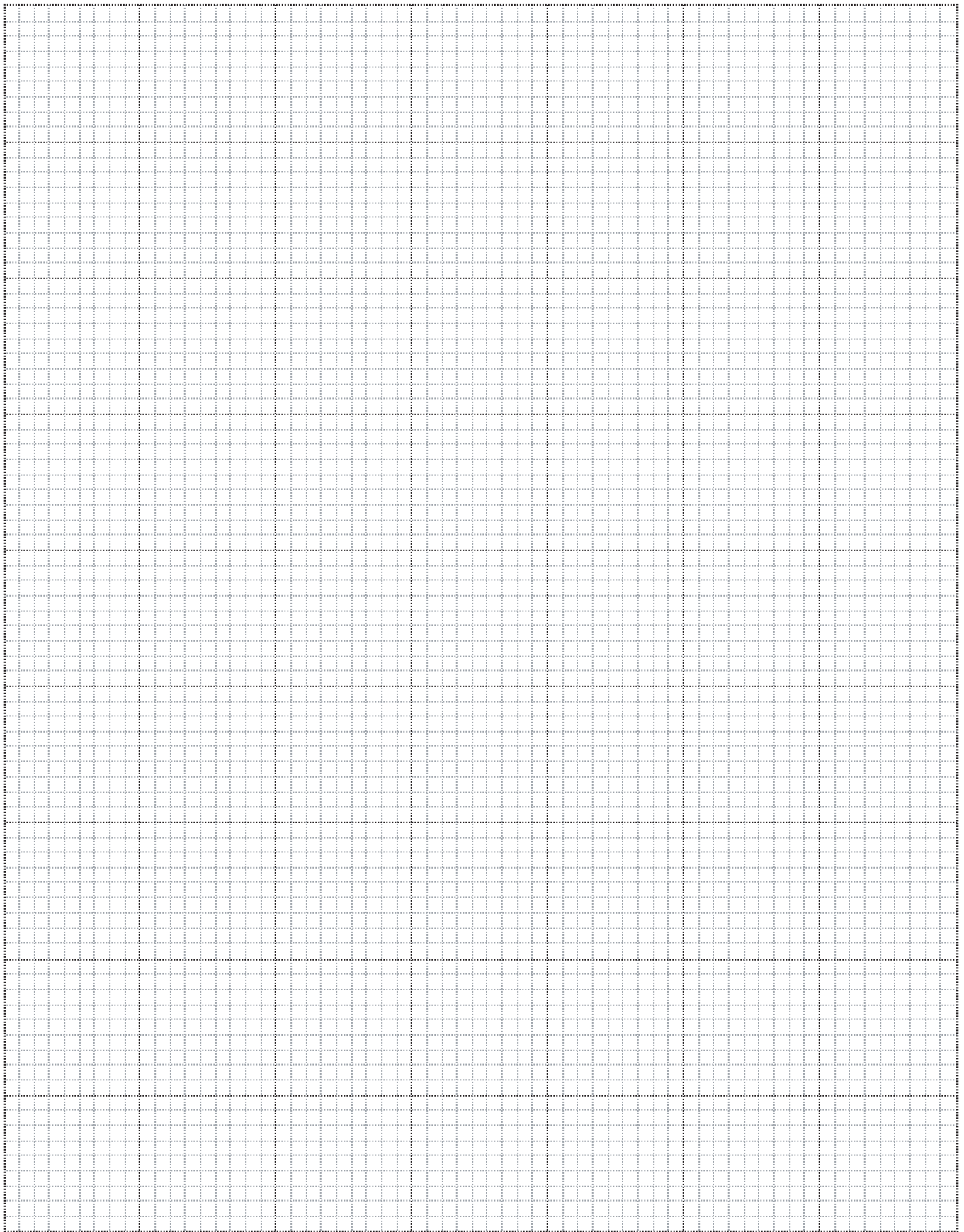
11. Are any chemicals added to the pond/lake?  Yes  No  
If Yes, please specify type and dosage: \_\_\_\_\_

12. What aquatic life is evident in the pond/lake? \_\_\_\_\_

13. Describe condition of pond and present problems: \_\_\_\_\_  
\_\_\_\_\_

14. Specify desired results or objectives of treatment: \_\_\_\_\_  
\_\_\_\_\_

15. Draw or sketch the pond or lake on the graph provided on the reverse of this sheet. Indicate any significant features or structures in the water. (Please indicate scale).



MAIL OR FAX SHEET TO:



375 Marcus Boulevard • Hauppauge, NY 11788  
Tel: 631.273.0500 • Fax: 631.273.0771  
www.ultraviolet.com • email: info@atlanticuv.com

SCALE:

*Atlantic Ultraviolet equipment and systems  
are manufactured in the USA.*