

Please fill out and return back to Evergreen Sales
via email at sales@evergreensls.com or via fax at 847-512-7307

Contact Information

Company Name: _____
 Contact Name: _____ Contact Phone #: _____
 Contact Email: _____ Contact Fax #: _____

Job Information

Job Name: _____ Job Location: _____

Application: (check one) Single Family Single Bath Multi-family (# of units ____)
 Commercial (Type _____)
Sewer Type: (check one) Gravity Septic Pressurized Main – PSI ____
Pump: (check one) Sump Sewage Effluent Grinder
Voltage/Phase: (check one) 115-1 208/230-1 208/230-3 440/480-3
 575-3
Pump System: Simplex Duplex Indoor Outdoor
(check all that apply)
Capacity: _____ Gallons Per Minute _____ Total Dynamic Head

-OR-

_____ * Total Fixture Units *(calculate from below chart if above is not known)*

# Water Closets ____ x 3 = ____	# Washing Machines ____ x 2 = ____
# Urinals ____ x 4 = ____	# Dishwashers ____ x 2 = ____
# Lavatories ____ x 2 = ____	# Water Softeners ____ x 4 = ____
# Kitchen Sinks ____ x 2 = ____	# Drinking Fountains ____ x 1 = ____

System Head: Total Vertical life from pump to highest point of discharge pipe ____
 Total horizontal run from pump to final discharge into sewer ____

If retro fit please provide current pump manufacturer and model # _____

Discharge Location: Top Side
Discharge Depth: _____ *(Down from the top)*
Required Discharge Pipe Size: 1-1/4" 1-1/2" 2" 3" 4"

Additional Options Needed

Basin Needed: No Yes *(fill out below information)*
 Diameter _____ Height _____ Inlet _____
 Basin Cover: _____
Control Panel Needed: No Yes
Alarm Needed: No Yes
Custom Options Needed: _____

