

Attenuation Enquiry Form

Client Name:

Company Name:

Address:

Postcode:

Tel: Fax:

Email:

Site Name: County:

Peak inflow rate	Litres/sec
Attenuated outflow rate	Litres/sec
Storage volume required	m
Inlet pipework diameter	mm dia.
Ground level at system	m
Invert level of inlet pipe	m
Invert level of outlet pipe	m
Area available for installation	m
Is system under roadway area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what type of traffic/vehicles will have access?	

Water table at installation location	m
Preferred type of flow control device	<input type="checkbox"/> Orifice Plate <input type="checkbox"/> Vortex Flow Control <input type="checkbox"/> Pumps <input type="checkbox"/> Other <input type="checkbox"/> None
Other systems being considered	<input type="checkbox"/> Crate system <input type="checkbox"/> Tank system <input type="checkbox"/> Other
When is system required on site	
Site access for articulated vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separators required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information:

Post or fax this completed form back to us and we will contact you as soon as possible.
If you have any problems do not hesitate to contact us.

Please complete and return to Klargester.