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SYSTEM DESIGN CRITERIA – Short Version

- This is the short version of our Evaluation Sheet. Complete this form and fax to (360) 871-6871 and we will send you a preliminary estimate of your required sizing and costs in a comprehensive bid format. Provide full shipping address as bid is sent by UPS.
- If you have specific technical concerns, we suggest you complete the Cost Evaluation at http://www.tmisaltpure.com/commercial/Eval_Sheet_001.htm
- The more information you provide, the more accurate our estimate can be.

Please fill out one sheet for each body of water

Note: if there are multiple (up to three) bodies of water, please specify whether the equipment is in a common pump room in order to allow a multiple pool controller to be specified where applicable.

Facility : _____ Date: _____

Name: _____ Company: _____ Position: _____

Address: _____ City _____ State: __ Zip: _____

Tel: _____ Fax: _____ Cell: _____

Email Address: _____ (please print)

Provide your email address, and receive our bi-annual Salt Speak newsletter. You can remove your name from this list at any time by emailing chele@tmisaltpure.com.

TYPE OF BODY (POOL, SPA)	
WATER SURFACE AREA	
POOL VOLUME - Gallons	
BATHER LOAD Maximum Swimmers per 24 hours	
FACILITY OPEN # HOURS PER DAY	
FACILITY OPEN # DAYS PER WEEK	
INDOOR OR OUTDOOR	
TEMPERATURE	
IS EQUIPMENT SPECIFIED? Architect Name & Phone #	
Pump room voltages available?	
WATER FEATURE DESCRIPTION	
(GPM) FLOW RATE	
AUTOMATION/CONTROLLER Model, Make & when installed	
Have in-house installation capability?	