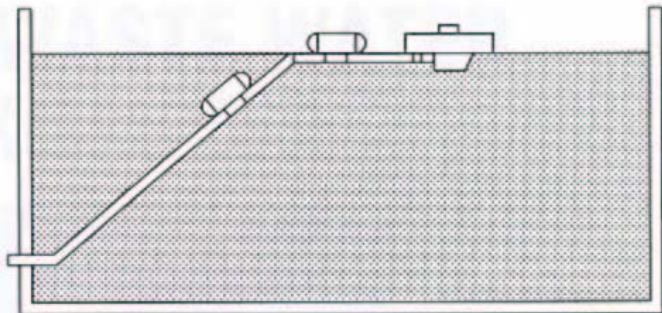


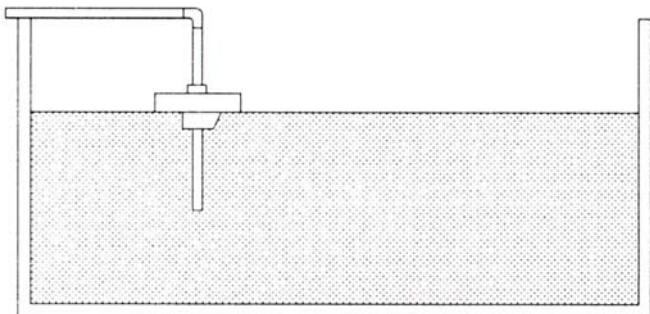
# Skim-pak Application Worksheet

Indicate most probable deployment

Fax Back Application to 925-827-4999 or  
E-Mail to [Sales@Douglaseng.com](mailto:Sales@Douglaseng.com)



**SWING ARM DEPLOYMENT**



**EXTENDED SUMP DEPLOYMENT**

Application Name or Reference Number

Site Location

Name

Date

Company

Phone Number

Fax Number

E-Mail Address

Thank you,



A DIVISION OF U.S. HYDREX, INC.

1015 Shary Circle  
Concord, CA 94518  
1-800-533-8887  
Phone: 925/827-4100  
Fax: 925/827-4999

E-Mail: [Sales@douglaseng.com](mailto:Sales@douglaseng.com)

- Tank/Sump Size  
H \_\_\_\_\_ D \_\_\_\_\_  
H \_\_\_\_\_ W \_\_\_\_\_ L \_\_\_\_\_  
 Open Top     Closed Top
- Above or Below Grade  
 Above     Below
- Access  
Opening Size \_\_\_\_\_ Location \_\_\_\_\_
- Liquid Level Change  
High \_\_\_\_\_  
Low \_\_\_\_\_  
Normal \_\_\_\_\_
- Desired Skimmer Capacity \_\_\_\_\_
- Product To Be Removed:  
\_\_\_\_\_
- Can Water Be Included With Skimmed Product?     Yes     No
- Describe Debris \_\_\_\_\_  None
- Is Pump Required?  
 Yes     No     On Hand  
Describe the pump to be used \_\_\_\_\_  
\_\_\_\_\_
- Air     Electric: Voltage \_\_\_\_\_ Phase \_\_\_\_\_
- Is a Separator Required?  
 Yes     No     On Hand
- What Type of Separator Will Be Used?  
 Coalescing     Gravity    gpm \_\_\_\_\_
- Are Controls Required?     Yes     No  
Please describe intended operation: \_\_\_\_\_  
\_\_\_\_\_

**Please Describe Application Below:**

---

---

---

---

---

---

---

---