

SQFLEX SYSTEM SPECIFICATIONS AND INQUIRY FORM

Please Complete the Following and fax to 602-233-9225:

Your Information:

Your Name: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

Address: _____

City: _____

State: _____

Zip: _____

SQFlex System Specifications:

Location (City & State): _____

Well Diameter (inches): _____

Pump Setting (ft.): _____

Static Water Level (ft.): _____

Drawdown (ft.): _____

Water Required per day (gallons): _____

Type of Power you will use: (Select one below)

Solar Only _____

Solar with Generator Backup _____

Wind Only _____

Solar & Wind (Combo) _____

Pumping Into: (Select one below)

Pond/Lake _____

Storage Tank _____

Do you want to add a Tracker?: _____

Comments: _____
