

# ABASCO Diversion Baffle Work Sheet

Print, complete, and fax to +1 832.553.7498 for a free cost estimate



Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

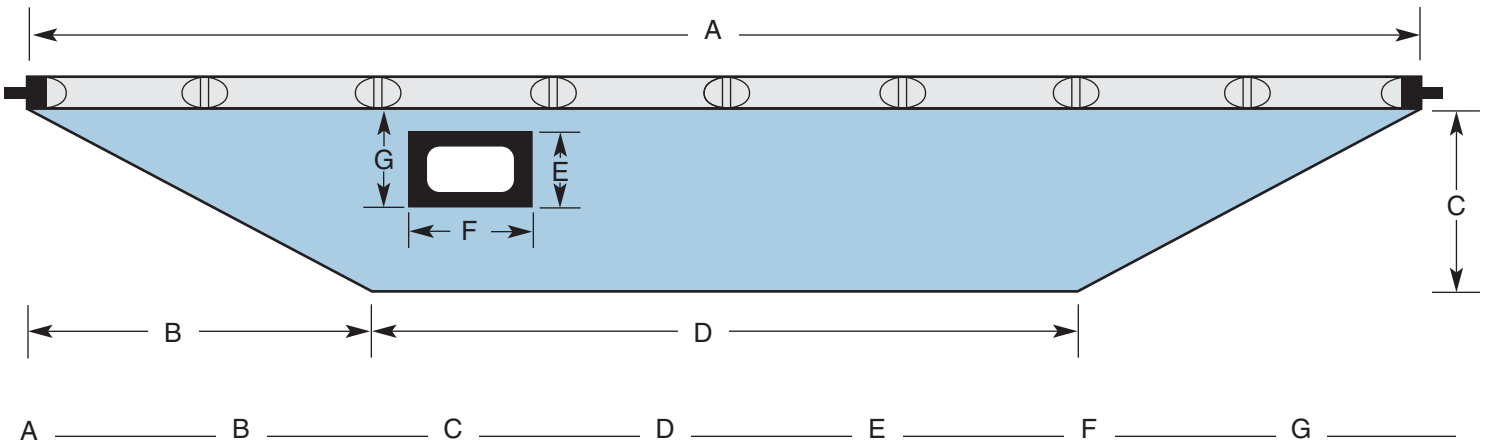
**Basin Information:**

Length \_\_\_\_\_ Width \_\_\_\_\_ Minimum Depth \_\_\_\_\_ Maximum Depth \_\_\_\_\_

Sideslope Ratio \_\_\_\_\_ Aerators \_\_\_\_\_

**Inflow Information:**

Maximum Flowrate \_\_\_\_\_ Temperature \_\_\_\_\_ pH \_\_\_\_\_



**NOTE:** Please provide an overhead sketch of the basin showing inlet and outlet locations.