

Tidflex® Technologies

TIDFLEX CHECK VALVE DESIGN DATA SHEET



I. GENERAL INFORMATION

Job Name:		<input type="checkbox"/> Advertise <input type="checkbox"/> Bid
Project Location:		Date: _____ (mm-dd-yyyy)

Company Name:		
Customer Contact:		
Email:		
Address:		
City:		State:
Zip:		Country:
Phone:		Fax:

Consulting Engineering Firm:		
Engineer Contact:		
Email:		
Address:		
City:		State:
Zip:		Country:
Phone:		Fax:

II. FLOW CONDITIONS

<input type="checkbox"/> Storm Water	<input type="checkbox"/> CSO
<input type="checkbox"/> Sewage	<input type="checkbox"/> Other: _____

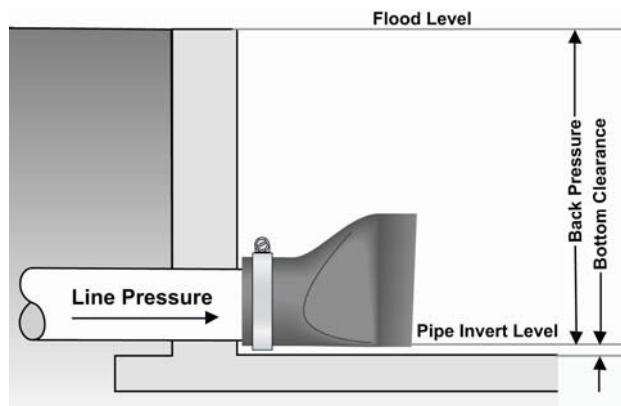
<input type="checkbox"/> Pumped	<input type="checkbox"/> Gravity Flow
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MAXIMUM BACK PRESSURE BP: _____

LINE PRESSURE: Minimum: _____ Maximum: _____

PIPE MATERIAL: _____

BOTTOM CLEARANCE: Distance Beneath Pipe Invert: _____



III. INSTALLATION OPTIONS

<input type="checkbox"/> Slip-on a Pipe Installation: TF-1, TF-2 Pipe Outside Diameter OD: _____	<input type="checkbox"/> Wall Thimble Required Available Headwall Dimensions: Height: _____ Width: _____ Opening Diameter: _____
<input type="checkbox"/> Slip-inside A Pipe Installation: Series 37, Series 37G Pipe Inside Diameter ID: _____	<input type="checkbox"/> Flange Installation Flange Type and Size: _____

III. INSTALLATION SKETCH AND REMARKS

A large grid for drawing and notes, consisting of 20 columns and 20 rows of squares.