

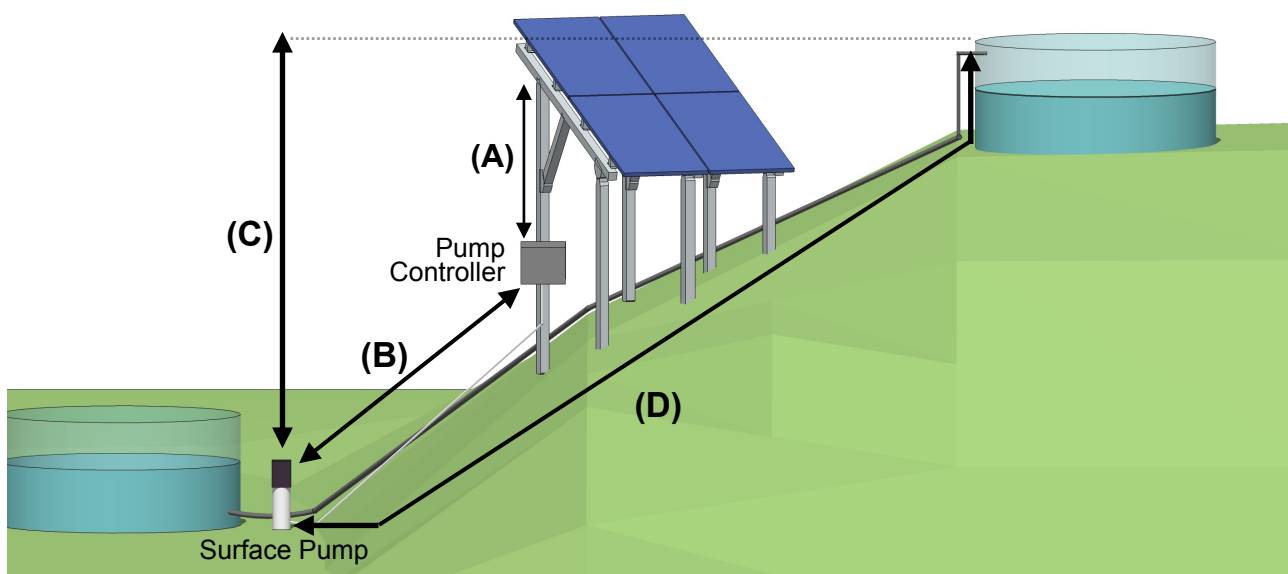
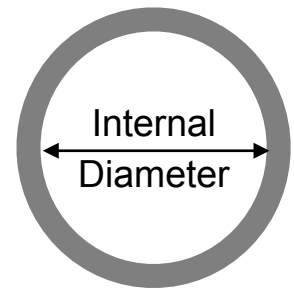
Solar Pumping Enquiry Form

Name: _____ Date: _____

Address: _____ State: _____

Phone: _____ Email: _____

1. Location: (nearest town) _____
2. Application (eg stock water) : _____
3. Destination : Tank Dam Other _____
4. Cable length from PV to Controller: **(A)** _____ (m)
5. Cable length from Controller to pump: **(B)** _____
6. Volume of Water Required: _____ Litres/Day
7. Month of peak water demand: _____
8. Total elevation from pump to point of delivery : **(C)** _____
9. Details of pipe
 - a. Type of pipe (eg poly, PVC, steel, etc) _____
 - b. Total length of pipe from pump to destination : **(D)** _____ (m)
 - c. Size (internal diameter) _____ (mm)
 - d. Class of pipe (eg Rural or Metric) _____
10. Automatic cut off switches
 - a. Pump Dry Run Protection Yes / No
 - b. Low Level float switch on Source Yes / No
 - c. Top Tank Shut-off valve Yes / No
11. AC generator backup option required Yes / No
12. PV Mounting System: Roof Ground Pole Mount



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